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Achert J. Thomas, M. D.

Surial 10/27/67 Mount Clivet Cemetery Frenerick, M4. 21/01

M. M. Fichison & Son, Frederick, No. 21701

nd-HELE 16152 Marie Comment

	1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	1
			13845
PM3. Page HIN Sportment of affer elegation		PLACE OF DEATH a. COUNTY Frederick 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence o. STATE Maryland b. COUNTY Frederick	before odmission) derick
		b. CITY OR TOWN (If autside carparate limits, write RURAL and give newest fown) write RURAL and give newest fown) years c. LENGTH OF STAY IN 1b rederick rederick	earest tawn)
9		d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) DOA Frederick Memorial Hospital d. STREET ADDRESS 462 West South Street	e. IS RESIDENCE ON A FARM? YES NO X
		NAME OF DECEASED (Type or print) CLAUDE Middle Lost 4. Date OCTOBE Routh OF Seturally DEATH Seturally OF DEATH OTTOBER OF DEATH OTTOBER OTT	14. 1967
		Mate Wille Wildowed Divorced Hady 1, 1700.	ays Haurs Min.
	dur	Huckster None Montgomery Co. Maryland U.S.	en of what
		Lester B. Bartlett 14. Mother's maiden name Minnie Hartman	
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war ar dates of service) Mrs. Ethel Spurlock 212 E. 5th S	t. Fred. Md
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DECEMBER HOLLS JAMES JAME	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gave) (h) Respected of Sule street	
		tise to immediate cause (a), stating the underlying couse (b) (c) Grain Sclarific Carlie vaxiber Marsur.	e.
1	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) CAUSE OF DEATH.	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour a.m. P.m. 19 20d. INJURY OCCURRED While of work Of While of work While of work While of work	y) (Stote)
		21. I certify that I tack charge of the remains described above, held an Autopsy, Inspection, Inquiry, death resulted fram: Natural causes, Accident, Suicide, Homicide, Undetermined manner	and in my apinion
		ACTUAL SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER CONTROL OF TABLES.	22. DATE SIGNED
		NAME (Type) Rober J. Thomas, M.D. Address (Street, city, fown, or county)	14, 1967
		Burial 10-18-1967 Mount Olivet Cemetery Frederick, Maryla	ind
		Robert E. Dailey & Son Frederick. Maryland Date OCT 17 1967 Clearly	y Judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13846 13841 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Frederick TOWN erick Marvland MARYLAND within 24 haurs after c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b hours Middletown few d STREET ADDRESS e. IS RESIDENC titled in d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? Frederick Memorial Hospital YES NOTE 3. NAME OF First Middle 4. DATE Month Doy Year Last please remave carban the attending physician and completely sit permit. Then please remaye carban DECEASED BERNS NONE 19 60 . (Type or print) DEATH The law requires that the death certificate be executed IF UNDER 1 YEAR AGE (In years S. SEX 6. COLOR OR RACE DATE OF BIRTH NEVER MARRIED Months White pirthday) Days Haurs Male April 6,1905 and in any WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. 8IRTHPLACE (County & Stote, or fareign country) during post of working life, even if retired) INDUSTRY Germany actory 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal Maria Glaser Josef Berns 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) 9-44-4068 Mathilde Berns Middletown, Md. 18. CAUSE OF DEATH (Enter only one cause per tine for (a), (b), and (p).) INTERVAL BETWEEN burial-transit ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: ougestiva IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave (b) rise to immediate cause (a) DUE TO as the stating the underlying couse be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TOCHE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO P 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) at wark 21. I certify that (I) (this haspital) attended the deceased from MAT, 1967, to 057.25, 1967, that (I) (we) last saw the deceased glive an 057.25, 1967, and that death accurred at AM, from causes and an the date stated above. . 1967 to OCT 25 , 1967, that (1) (we) last 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** M.D. PHYS DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S Michels NAME (Type) director, 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) Middletown Md. Oct. 27, 1967 BREMOVAL (Specify) Lutheran Cemetery Fred. 2Sb. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66 Gladhill Co. Middletown, Maryland Ollians Bu

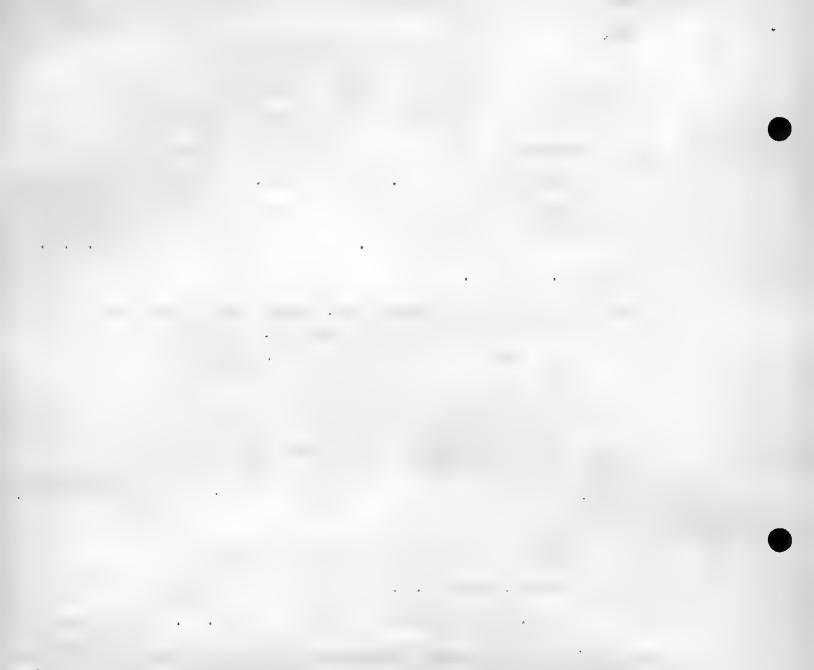
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1(M)		Division of STATISTICAL RESEARCH AND RECORDS,	TE OF DEATH		IMORE, MARYI		3847	,
and	1. F	PLACE OF DEATH	2. USUAL RESIDENCE (Where dece	osed lived, if institut	,		
hours after death h by the funeral s. Pages 1 and hours after death		county Frederick MARYLAND	a. STATE Man	ylan	b. coul	NTY FR	EDE1	45/5
irs after y the fur Pages I urs after	Ь	o. CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 1b write RURAL and give negrest town)	c. CITY OR TOWN (If at			RAL and give nea	rest tawn)	
by the Page 100 minutes 100 mi		write RURAL and give negrest 19wn) Frederick years		ederi	ck		e IS RESID	-/-
7.50		d. NAME OF HOSPITAL OR INSTITUTION (if nat in haspital, give street address) Home for the Aged-11.5 Record St.	d. STREET ADDRESS	B E . !	Third St.		ON A FA	RM?
within 7	3. 1	NAME OF First Middle	Last	4. DATE			Day Yea	
	(DECEASED (Type or print) Matilda L.	Cannon	OF DEAT	H Oc		11- 19	67
campleraly love carbon y event, w	S. S		8. DATE OF BIRTH		9. AGE (In years lgst birthday)	Months Day		24 HRS. Min.
Da E		emale White WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR	Oct . 29-1888	9 State or	(O yrs.	12. CITIZEN	OF WHAT	
	durii	Beamstress NDUSTRY	Frederic			COUNTR		Α.
S O		FATHER'S NAME	14. MOTHER'S MAIDEN	NAME				
hen hen novo		Wm. H. Cannon	Mary E.	. Cral				
affending phy permit. Then ian, or remova		WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, or unknown) (It yes give war ar dates of service) NO 220-05-6500A F	cords-Home	for t	Addr he Aged-l	ess Freder 15 Recor	rick, I	Md.
F (5)		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY:	00	as t			INTERVAL BET	
by the ransi	П	IMMEDIATE CAUSE (a)	ryem / a	0210	ĩ.		HOLLA	21
C 75 1 %		Conditions, if ony, which gove) (b) Chellings Clera	tio literat	dia	Icesi		close	/
		rise to immediate cause (o), stating the underlying cause DUE TO					1	
artending has been se as the h prior to		lost. (c)					/	
	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED					PERFORME YES	PSY D? NO [C]
s certificate ached far us ept. of Healt	L CERTIFICATION	20b. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in	Port I or P	art II of item 18.)			
r this c detack te Dep	MEDICAL		PLACE OF INJURY (Home, form foctory, street, office bldg., etc.		(City or town)	· (Caunty)	(:	State)
After I be o		21. I certify that (1) (this haspital) attended the deceased from	10/11.	1967	10_10/0	1967.	that (I) (we) las
OR:			hat deoth accurred of	2:35	M. from causes	ond on the c		above
DIRECTOR: A pe 3 shauld led with the		220. SIGNATURE	M.D. ATTENDING M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.		12-196	7
O FUNERAL DIR.		name Type Dr. James B. Thomas	22d. ADDRESS	dg	Frederick	, Md. 2	1701	
La de de la	230	. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY		LOCATION (City or To			tate)
rage 4 may con Figure 1 may a director, page should be file		Burial Oct. 14-1967 Mt. Olivet	Cemetery		ederick,			
VR A15 (4)	24	M.R. Etchison & Son Frederick, Md.	21701 250. 10	DAY REGIS	6 1967 Sb. R	EGISTRAR'S SIGNA	Judy Judy	IL.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13848MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE-HEALTH DEP 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY a. COUNTY delay is ond 3 to a. STATE Maryland Fredorick Frederick b CITY OR TOWN (f autside corporate limits, E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RuRAL and give nearest town) write RURA, and give nearest town)
Rural - Frederick Years Rural - Frederick d STREET ADDRESS e IS RES DENCE d NAME OF MOSPITAL OR INSTITUTION (I not in haspito, give street address) ON A FARM? Route 6, Frederick, Maryland word "pending" in pencil in Item 18. Give Pages the Chief Medical Examiner's Office along with for YES NO 📆 Route 6. Frederick NAME OF Frst Midd e Lost 4 DATE DECEASED WILLIAM E. CLARK. JR. DEATHOctober (Type or print) 9 AGE (In years S SEX 6 COLOR OR RACE 7 MARRIED TX NEVER MARRIED B DATE OF BIRTH F UNDER 1 YEAR last b rthday) Months Days White March 23.1925 hours ofter deoth Male DIVORCED WIDOWED 11 BIRTHP, ACE (State or fore an country) 12 CITIZEN OF WHAT 100 JSUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR COUNTRY? during most at warking life, even it retired). **INDUSTRY** Economy Oil Co. Frederick, Jaryland U. S. A. Driver 14 MOTHER S MAIDEN NAME This certificate should be executed within 13. FATHER'S NAME William E. Clark, Sr. Helen munkles IS WAS DECEASED EVER NUS ARMED FORCES? event within 72 16 SOCIAL SECURITY NO 17 INFORMANT Address permit. (Yes, no, or unknown) (If yes give war ar dates of service) 20 18 0168 Mrs. Dorthea Clark (Same as item # INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one couse per yhe dar (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) writing the word IN ONY Conditions, if ony, which gave forwarded to rise to immediate cause (a). DUE TO stating the underlying cause lost. 19 WAS AUTOPSY PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFOR MED? YES TY NO 200 EXTERNAL CAUSE WAS PRIMARY S or CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, [Enter noture of injury in Port I of Port II of Item IB] should should 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 29e PLACE OF INJURY (Home, form (City or fown) factory, street, africe b dg, etc) While of work of work -Trederick - has 10-25 1967 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection , Inquiry , and in my apintan death resulted fram: Natural causes Accident Suicide X Hamicide . Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Heofth prior SIGNATURE FUNERAL DEPLTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) Robert J. Thomas. N. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23d. LOCATION (City or Town) (County) 50 Burial Specify) Prospect Cemetery Airy Larylar
25b REGISTRAR'S SIGNALURE 2So. REC D BY REGISTRAR 24. FUNERAL DIRECTOR Fedeler VR A15ME (5 Marles M. R. Etchison & Son, Frederick, Maryland OCT 6M 1/67



FOR STATE HEALTH, DEPT.

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay ... cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Peges may be TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MEDIC

director. Page 4 should retained for your files. VR AISME (5) 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

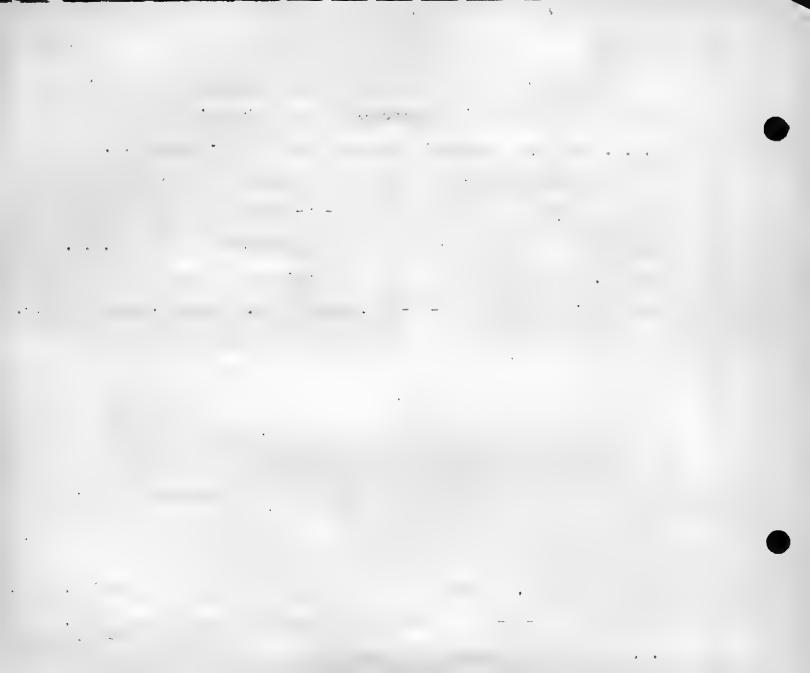
MEDICAL EXAMINER 3	CERTIFICATE OF DEATH	13849
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution:	Residence before admission)
a. COUNTY Frederick	a. STATE Maryland b. COUNTY	Frederick
b. CITY OR TOWN (if cutside corporate limits, c. LENGTH OF STAY IN 15		
write RURAL and give nearest_town)		,
Frederick-Rural minutes	Frederick	*/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Interstate #70-2 miles S.of Frederick		YES NO A
3. NAME OF First Middle DECEASED	Lest 4. DATE Month	Day Year
(Type or print) John Edward	Cline DEATH Oct.	23- 19 67
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER lest birthday) Months	R I YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	June 22-1945 22 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
Computer Operator Gov't.	W. Va.	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Dames D. Cline	Dubre C Tanaharr	
Devrey R. Cline 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	Ruby C. Loughry Address	
(Yes, no, or unkown) (If yes give war or dates of service)		
No 219-44-2724 De	wey R. Cline-404 Lee Place-Fro	derick, Md.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)	1/2 7 7	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	beaus d'avenue	OHSE! AND DEATH
DUE TD D O	0 0 0	
Conditions if any which i	trull & Cerebrum	
gave rise to immediate		
cause (a), stating the DUE TD		
underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	A TOP TO THE TERMINAL DISCUSE COMMITTON SIVEN IN DAST 1/2	19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE 20a. EXTERNAL CAUSE WAS PRIMARY C. of CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	THE TO THE TERMINAL DISEASE COMPLIENT OF A FEBRUARY TO	PERFORMED?
I CA		YES NO
20a, EXTERNAL CAUSE WAS PRIMARY D. or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature of Injury In Part I or Part II of Item 1	8.)
B CAUSE OF DEATH.	ar collision	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pi	LACE OF INJURY (Home, farm, 20f. (City or town) (Co	unty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pi Hour a.m. 10-2319 67 While Not While at work 15	LACE OF INJURY (Home, farm. 20f. (City or town) (Cotory, steet, office bidg., etc.)	ederch - Mid
21. I certify that I took charge of the remains described above, h	eld an Autopsy 🔼 Inspection 🔲, Inquiry 🔲	, and in my opinion
death resulted from: Natural causes , Accident X S	wicide , Homicide , Undetermined manner	
1 1 1 1	CHIEF MEDICAL EXAMINER	
ACTUAL SOLET XV NOILLAS	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
	DEPUTY MEDICAL EXAMINER	14 02-60
Robert J. Thomas	Address (Street, city, town, or county)	10-23-67
23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETE REMOVAL (Specify)	RY OR CREMATORY 23d. LOCATION (City, town or co	ounty) (State)
Burial Oct. 26-1967 Parsons Ceme		
24. FUNERAL DIRECTOR Constant T. ADDRESS There	25a. REC'D BY REGISTRAR 25b. REGISTRAL	
M.R. Etchison & Son Frederick, Md.	21701 DATE UCI 25 198/ 100a	ne Judge.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 tem #2a, b, c & d ipfor, taken from birth cert. on from b CERTIFICATE 13850 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) p. COUNTY o. STATE b. COUNTY Carrl. FREDERIC K MARYLAND b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DAYS Mt. Airv FREDERICK d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled FREDERICK HOSPITAL Route #4 MEMORIAL within YES □ NO 🔽 3. NAME OF Middle remove carban Lost 4 DATE Month Doy Year DECEASED (Type or pont) BABY B04 CONDON 10 and in any event, DEATH 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 7 MARRIED NEVER MARRIED lost birthdoy) Months Hours MALE WHITE 10-17-67 DIVOR CED WIDOWED gud 11. BIRTHPLACE (County & State, or foreign country)
FREDERICK, MARYLAND 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CIT ZEN OF WHAT during most of working life, even if retired) physician (nen please INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal. SUE DOWDY HE LEN unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service 17. INFORMANT Address 16. SOCIAL SECURITY NO. NG crematian. NTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART 1. DEATH WAS CAUSED BY. signed by the burial-transit g ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate cause (a). DUE TO stating the underlying couse as the lost. 19 WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO 20o. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Pert 1 or Part II of item 18.) Page 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 2De PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) ((ounty) (State) Hour 'o m foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (1) (this hospital) attended the deceased from 17 Oct , 1967, to 25 Oct , 1967, that (1) (we) lost saw the deceased alive on 250 at 1967, and that death accurred at 1225 M, from causes and an the date stated above. 22b. DATE SIGNED 22n. SIGNATURE M.D. DIRECTOR page 22c. PHYSICIAN'S 22d. ADDRESS director, pu NAME (Type) 23d LOCATION (City or Town) 23b. DATE THEREO NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) ADDRESS | 250. REC'D E FREDERICK MID 24 FUNERAL DIRECTOR 9 2Sb. REGISTRAR'S SIGNATURE **VR A15** Meliantes 25M 1/6



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE DEATH ALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Frederick MARYLAND Marvland Frederick b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) writa RURAL and give nearest town) Hgwy Rt 144 nr Ridgeville Rural Ijamsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? Box 76 Ijamsville P.O. NO X Frederick Memorial Hospital YES NAME OF Middle DATE Menth Year DECEASED 67 (Type or print) Copeland DEATH 21 Leroy James October 19 Lemes Lerov or 2 with within 6. COLOR OR RACE | 7. MARRIED | X NEVER MARRIED 8. DATE OF BIRTH 5. SEX 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HR\$ last birthday) Months I Days Hours 1-19-1948 19 Male Negro WIDOWED . DIVORCED and sevent 10a. USUAL OCCUPATION (Glya kind of work done i 12. CITIZEN OF WHA 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Maryland Construction U.S.A. along pages in any 13. FATHER'S NAME MOTHER'S MAIDEN NAME and File James I. Copeland
15. WAS DECEASED EVER IN D.S. ARMED FORCES? Sadie Mae Monroe 16. SOCIAL SECURITY NO. 1 17. INFORMANT Md (Yes, no, or unkown) | (If yes give war or dates of service) permit. removal. 212-50-6672 Mrs Lois S. Copeland Tjamsville P.O. tificate should be executed within the word "pending" in pencil to the Chief Medical Examiner's No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and/(c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit per cremation, or per Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the (22) underlying causa last. used as to burial PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES 7 NO 202. EXTERNAL CAUSE WAS PRIMARY IT OF CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJUSY OCCURRED, (Enter nature of Injury in Part I or 20b. 3 should tagent, price certificate, writ **EDICAL** | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) at work / at work the certi Inquiry 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection FUNERAL DIRECTOR: Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER your 43 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE for 07 DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** retained Address (Street, city, town, or county)Frederick, Md NAME (Type) Robert director. J. Thomas 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Ch Tjamesville REC'O BY REGISTRAR 25b. REGI 10-25-67 Fountain Methodist Fred Burial 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25a. 2 4 VR ALSME (5) Hicks, 111 Frederick, Maryland





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH hours after death funerol s 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Frederick MARYLAND Maryland Frederick b CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)
Rural Mt Airy c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Life Rural Mt Airv Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? papers 24 within 72 New London Rd.Rtl Mt.Airv New London Rd.Rt 1 Mt Airy NO [2 The law requires that the death certificate be executed within corbon NAME OF First Middle 4. DATE Lost Month Dov Year signed by the attending physicion and completely buriol-transit permit. Then please remove carbon DECEASED (Type or print) 31 James Thomas Dorsev DEATH 19 S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED DATE OF BIRTH AGE (In years NEVER MARRIED lost birthdoy Months Doys Hours 5-1-1882 WIDOWED X ond in any Male Negro DIVORCED 10o USUA: OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT U.S.A during most of working life, even if retired) INDUSTRY Frederick Co.Md وهدور ورادران وراد Laborer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME cremotion, or removal, Margaret Mosely Thomas Dorsev WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service Mt. Airy 722-12-3687 Miranda Dorsey Rtl No 1B CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN rteriosclerofic Cardiovas cular ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Disease DUE TO VEBUS. Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse has been the lost. 0 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO 54 O FUNERAL DIRECTOR: After this certificate jo 20o ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of Item 18) Page 4 may be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg , etc.) Hour o.m Not While 21. I certify that (1) (this haspital) attended the deceased from_ 7, ta October 1967, that (1) (we) last director, page 3 should should be filed with the 1967, and that death occurred of PM, from causes and on the date stated above. saw the deceased alive on Ore 22o, SIGNATURE 22b. DATE SIGNED ATTENDING MED DIRECTOR M.D PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (County) (Stote) Burial Mt.Airv Carroll Md 11-3-1967 Zion Mt 25b. REGISTRAR'S SIGNATURE **ADDRESS** 250 RECD BY REGISTRAR 24. FUNERAL DIRECTOR Charles 1967 VR A15 (4 Frederick, Maryland C.E. Hicks, 111 20 M 1/66



	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FIIR STATE	*3949 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13954
HEALTH DEPT.	1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission, a. COUNTY
27 6 41 E	Frederick Maryland Frederick
funeral may be artment actorent	D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
the fundaments of may be party after de	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 0. IS RESIDENCE
	ON A FARM?
defay and 3 to 3. Page 8. State hours	3. NAME OF First Middle Last 4. DATE Month Day Year
M3. and M3. 72	(Type or print) DORA F. DUNNIVA DEATH October 23, 19 67
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS
death. If Pages 1 ith form ind 2 with	Pemate WIDOWED DIVORCED 20 JUNE 1901 00 yrs.
u	10e. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country) COUNTRY?
rs after 18. Give along w ages 1 a ages 1 a	House-wife Maryland U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
2128 1138 1138 1138	
and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 21.70.1
	(Yes, no, or unkown) (If yes give war or dates of service) 217-56-0171 Fred*k Co. Welfare Board, Frederick, Md.
should be executed within word "pending" in pendi in Chief Medical Examiner's as a burial-transit permit.	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c).]
Exan Sit or	PART I. DEATH WAS CAUSED BY: Ungestine Roart Failure
d be executed pending in I Medical Example Example burial-transit cremation, or	DUE TO P. D. C.
be execution Medical Medical transfer	geve rise to immediate (b) (b) (c)
should word " Chief a as a b rial, cr	ceuse (a), steting the DUE TO Fractured Femus
te sho e wor he Chi ed as burial	
\$ \$ \$ \$ \$ \$ \$	YES SK NO
tting ed to d be orior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO
R: This cer ate, writin forwarded 3 should t agent, prid	20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
fon fon 3 s age	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 4 Hour
the certificates the certificates the should be for files. CIOR: Page 3 designated ag	21. I certify that I took charge of the remains described above, held an Autopsy Inspection , Inquiry , and in my opinion
ECAN hould files. OR: P	death resulted from: Natural causes , Accident Suicide , Homicide , Undetermined manner
	CHIEF MEDICAL EXAMINER
MEDI Recute Page for you	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
- X - Z -	EXAMINER'S Robert J. Thomas, M. D. Address (Street, city, town, or county)
D DEPUTY I please exe director. F retained fo D FUNERAL of Health	238. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Page 12	Burial (Specify) 10/24/67 Mount Olivet Cemetery Frederick, Md.
0	24. FUNERAL DIRECTOR FLORISCO A. SMADRESS (25a. REC'D BY REGISTRAR'S SIGNATURE
VR ALSME (5)	M. R. Etchison & Son, Frederick, Mr. 21701 DATE OCT 25 1987 Miles Judge

17 11 0 113 3 15 Since 10/19/07 Additatown Frederick Prederick Memorial Hospital 2. 70 dot. VI *3 26 June 1001 00 Female chite - 7. Inslyzed ouse-wife distribution inknown 11 -5: -111 r d'k 'n. eliste ourd. O^{2a}

Ponert J. Exemas, 4. h.

ונו ו //ייי יויזי בעפר מפלכבין ידי פרוכה:

w. K. elenison & Son, Frederick, Mr. 217)1

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13855MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 2 USUAL RESIDENCE (Where deceased lived, functitution, Residence before admission) PLACE OF DEATH a. COUNTY -C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and a ve nearest town) gud d NAME OF HOSPITAL OR INSTITUTION (IF not in haspital, give street address) d STREET ADDRESS ON A FARM? form NAME OF 4 DATE Last Day FIW. BI DECEASED OF DEATH OCT (Type or pont) 7 MARRIED last birthdoy) Months DIVORCED W DOWED in any event within 72 hours after death 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even (I return) LNDUSTRY WORK e, writing the word "pending" in pencil in forwarded to the Chief Medical Examiner's certificate should be executed within 17 INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) [If yes give war or dates of service] 18 CAUSE OF DEATH (Enter only one cause per ne for (a), (b), and (c))
PART DEATH WAS CAUSED BY buriol-tronsit ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave : (b) rise to immediate couse (o). DUE TO stating the underlying couse 19 WAS AUTOPSY PERFORMED? cremation, or removal, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART I(a) NO DA pe 20g EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW HOURY OCCURRED (Enter nature of injury in Port or Part II of item 18.) 5 may be retained for you. Acciden7 CAUSE OF DEATH. (State) 20c T ME OF INJURY Month, Doy, Year 20e PLACE OF INJURY (Hame, farm, (City or town) (County) factory, street, office bldg., etc.) Nat While While Nat While HIGHWAY 21 I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opin on Notural couses . Accident X deoth resulted from-Suicide , Homicide Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUTY DEPUTY MEDICAL EXAMINER Address (Street, city town, or county) 23d LOCATION (City or Tawn) (State) IBERTYTOUL VR ATSME (\$) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21291 3851 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH COUNTY o STATE b COUNTY ..ar vla nd Fradarick Frederick requires that the death certificate be executed within 24 haurs after MARYIAND b CITY OR TOWN (If outside corporate rimits, C LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and a ve nearest town) a 1 6 mos. Thurm ont rural signed by the attending physician and campletely flifed in by burial-transit permit. Then please remave carban papers. Purial, cremation, or remaval, and in any event, within 72 haur e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Creager stown Home YES NO X 4 DATE NAME OF Middle Year DECEASED 21 Oct. Mime (Babe Fisher J. (Type or print) DEATH IF JNDER I YEAR IF JNDER 24 HRS S SEX 6 COLOR OR RACE DATE OF BIRTH AGF (In years 7 MARRIED **NEVER MARRIED** loss birthdoy) Months Hours white 2-4-1895 female WIDOWED X DIVORCED 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10c USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR COUNTRYS dur ga most of working life, even if setired) Home West Va. 13. FATHER 5 NAME 14 MOTHER'S MAIDEN NAME Snyder Reed 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service Russell E. Fisher Thurmont Md. 32-09-6010A INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (o). DUE TO stoting the underlying couse **CO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar to last. WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES NO 200 ACCIDENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o.m. factory, street, affice bldg., etc.) Not While ot work 21. I certify that (I) (this haspital) attended the deceased-from be retained 6 19 6 , and that death occurred at ARAPM, from couses and on the date stated above. sow the deceased alive on. 22o., SIGNATURE < 22b. DATE SIGNED DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may Thurmont. Md. NAME (Type) A. Love Thomas 23r. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF (County) 23o. BURIAL CREMATION REMOVAL (Specify) 10-211-67 Arlington, Arlington Natl. Cem. 250 REC'D BY REGISTRAR 2Sb. FUNERAL DIRECTOR Ray mond VR A15 (4) 20 M 1/66 Thurmont



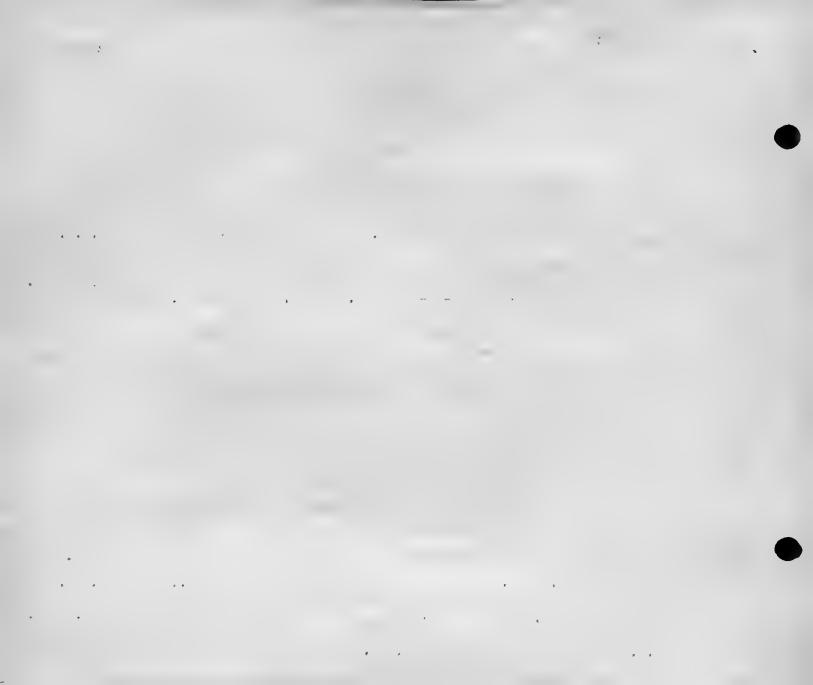
1	ı	MARYLAND STATE D Division of STATISTICAL RESEARCH AND RECORDS, 3	EPARTMENT OF HEALTH 01 W. PRESTON STREET, BALTIMORE,	MARYLAND 212	201
OR STATE		* 0050	CERTIFICATE OF DEATH		3857
ALTH-DEPT.		PLACE OF DEATH o. COUNTY Frederick MARYLAND	2 USUAL RESIDENCE (Where deceased lived, o STATE Maryland	of institution: Residence b COUNTY Proc	e before odmission) derick
2, and 2. point part meats after death		b CITY OR TOWN (1 actside carparate limits, c LENGTH OF STAY IN 16 write RURAL and pive nearest town) Brunswick	c CITY OR TOWN (f autside carparate l m ts, Brunswick		
7 5 5		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 309 East Potomac Street	d. STREET ADDRESS Same		e is residence On a farm? YES NO K
32.5		NAME OF DECEASED (Type or point) ELIAS HARPER FLYNN	Last 4 DATE OF DEATH	Manth IO	Day Year I4- 19 67
with with		SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED Male cauc. WIDOWED DIVORCED	8 DATE OF BIRTH 9 AGE (In 2/13/1905 62 last bir	years IF UNDER 1 thday) Months yrs	Days Hours Min
in tem 18 r's Office of ss lamd2 v ny event	dur	USUAL OCCUPATION (Give kind of work done no story working life, even if wired ailroad NDUSTRY	II BIRTHPLACE (State or fareign country) Maryland	12 (III) COV	IZEN OF WHAT
a within 24 in pencil in Examiner's (Examiner's (File pages 1 ond in any cond		FATHER'S NAME Elåas W. Flynn	Annie Harper		
		WAS DECEASED EVER IN U.S. ARMED FORCES? Is, no, or unknown) (If yes give wor ar dates of service) 705-I0-2477	Charles E. Forney	Address Brunsw:	ick, Md.
should be exected he word "pending" in to the Chief Medical Eburial-transit permit. I mation, or removal, c		IB CAUSE OF DEATH (Enter only one cause per perfor (a), (b), and (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dugliture He	art Failure		ONSET AND DEATH
should ne word to the Ch burial-tra mation,		Conditions, if any, which gave rise to immediate couse (o), (b) Cocousy Certery	occlusion		
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his caste, aste, be used to be	CERTIFICATION	PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO			19 WAS AUTOPSY PERFORMED? YES NO 18
9 0	AL CERTIF	PRIMARY 🗆 or CONTRIBUTING 🗔 CAUSE OF DEATH.	(Enter nature of injury in Port I or Port II of Iter	<u> </u>	
EXAMINER: ute the certingse 4 should your file Page 3 should ed ogent, pri	MEDICAL	Haur a m. 19 While Not While fo	ACE OF INJJRY (Hame, form ctary, street, affice bldg., etc.)		
IED.: CAL EX sose execut irector. Pag oined for y IRECTOR: Po designated		21. I certify that I taak charge of the remains described above, he death resulted from: Natural causes , Accident , Su	icide 🔲, Hamicide 🔲, Undeterm	Inquiry [], nined manner []	and in my apinie]
್ ದಿಕರ್ಕ್		ACTUAL SIGNATURE SIGNATURE	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER		22. DATE SIGNE
O DEPUTY DECESSORY, If the fullerol 5 moy be r 6 FUNERAL Health or it	230	EXAMINER'S NAME (Type) Robert J. Thomas, M.D. BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OF REMOVAL (Specify) 10/17/67 Park Hoight	Address (Street, city, town, or county	7	(County) (State)
	24	BUR AL CREMATION, 236 DATE THEREOF 236 NAME OF CEMETERY OF PARK Hoight Hoight Brun 1984 CK, Mc	250 REC'D BY REGISTRAR	25b REGISTRARS SIG	Md.
VR A15ME (5)		Eluxy Fitt	DATO CT 18 196/	A CONTRACTOR	1.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DERT 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY a. STATE b. COHNTY Frederick Frederick MARYLAND Marvland b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b New Market

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) New Market d. STREET ADORESS e. IS RESIDENCE ON A FARM? D.O.A. Frederick Mem Hosp. New Market No X NAME OF First DATE Month DEGEASED 0F (Type or print) DEATH October Fossett 19 19 67 Lee 2 with within 6. COLOR ON RACE 8. DATE OF BIRTH AGE (In years . IF UNDER 1 YEAR IIF UNDER 24 HRS 7. MARRIED NEVER MARRIED TY last birthday) Months Days Hours WIDOWED **OIVORCED** 10-12-1967 7 10a. USUAL OCCUPATION (GIVE kind of work dene event 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, evan if retired) INDUSTRY -يهردور بدور بدورورور Maryland U.S.A. None pages in any MOTHER'S MAIDEN NAME Edith Schley Fossett.Jr 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) I (If yes give war or dates of service) permit. I This certificate should be executed within Irvin W. Bossett. Jr New Market. Md in pencil عورون والراديد ويبوو None No CAUSE OF DEATH [Enter only one cause to line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (e cremation. **OUE TO** Conditions, if any, which (b) geva rise to immediate OUE TO cause (a), stating the 40 underlying causa last. used as to burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH WAS AUTOPSY PERFORMED? CERTIFICATION YES SZ NO [20s. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Itam 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. should l 3 shoul MEDICAL 20f. (City or town) (State) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, farm, (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work L at work 21. I certify that I took charge of the remains described above, held an Autopsy inquiry and in my opinion Inspection FUNERAL DIRECTOR: death resulted-from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER director. Page 4 retained for your 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MED SIGNATUR DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) Fred, Mao NAME (Type) Robert Thomas DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION. 23b. REMOVAL (Specify) 0 Burial 10-20-67 Foirview ADDRESS Frederick Fred. 24. FUNERAL DIRECTOR VR A15ME (5)0 C.E. Hicks.lll Frederick, Md.





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13860 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) PLACE OF DEATH a. STATE b. COUNTY o COUNTY Frederick Mar vland Frederick MARYLAND c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 16 b CITY OR TOWN (If autside corparate imits, write RURAL and give nearest tawn) Since-1924 Frederick Frederick e IS RESIDENCE d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? dpd q Frederick Nursing Center 1500 North Market Street YES NO 🕱 3 NAME OF First Middle DATE Doy Year Last DECEASED MARTHA T. October 1967 HARGIS (Type or pnnt) DEATH remove car burial, crematian, or remaval, and in any event, IF LINDER 24 HRS IF JNDER 1 YEAR AGE (In years S SEX 8 DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Days Hours 31 Oct 1887 Female White WIDOWED DIVORCED 12 CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) At Home COUNTRY? during most of working te, even if refired) Baltimore, Md. House-work 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME William F. Henry Annie Atkinson 16. SOCIAL SECURITY NO 17 INFORMANT IS WAS DECEASED EVER IN J.S. ARMED FORCES? 221 B. 2405 St. (Yes, no, ar unknown) (If yes give war at dates of service) 21701 214-10-3204D Alan H. Hargis. Frederick, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY CONGESTIVE. IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the haspital ar attending physician. DUE TO ARTERIOSPLEROTIC. Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause this certificate has been far use as the WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) ELONEPHRITIS CHROME NO 2Do. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.) Haur o.m. Not While at work at work TO FUNERAL DIRECTOR: After director, page 3 should be dead should be filed with the State 19 67, and that death occurred at 19 67 that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from MARCH M, from causes and on the date stated above /6/ sow the deceased olive on. 220 SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. 6 Oct 1967 DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S 804 Toll House, Frederick, Md. 21701 NAME (Type) Richard C. Reynolds, M. D. 23d, LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 235 DATE THEREOF 23g BURIAL, CREMATION, PEMOVAL (Specify) Frederick, Md. 10/7/67 Mount Olivet Cemetery REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR 24 FUNERAL DIRECTOR M. R. Etchison & Son. Frederick, Md. 21701 20 M 1/

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13862 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 1 PLACE OF DEATH o. COUNTY b. COUNTY Frederick Maryland Frederick MARYLAND b CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) c LENGTH OF STAY IN b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Taneytown, 32 years Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENC ON A FARM? R.D.# 2 YES NO SC rent, witbli completely a 3 NAME OF Middle Lost 4. DATE Month Year First Doy DECEASED OF DEATH Clarence Earl Hawk Jr. October 6. (Type or print) 9. AGE (In years IF JNDER 1 YEAR LIFUNDER 24 HRS 5 SEX 6 COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthday) Doys Hours Male Sept. 16. 1935 White WIDOWED DIVORCED 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITEZEN OF WHAT 10p. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY attending physician permit. Then please Frederick Co. Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, or remaya Clarence E. Hawk Sr. Ruth Bollinger IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) Clarence E. Hawk Sr., Toneytown, Md. R.D."2 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).
PART . DEATH WAS CAUSED BY INTERVAL BETWEEN IMMEDIATE CAUSE (a) DUF TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Lau NO 20o ACCIDENT WAS UNDERLYING . 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office blda., etc.) Not While of work 196/ that (I) (we) las , 19.72, ta_ 21. I certify that (1) (this haspital) attended the deceased fram... 196 and that deoth accurred at AM, from causes and on the date stated above FUNERAL DIRECTOR: saw the deceased alive ap, 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF PHYS. M.D. DIRECTOR director, page 3 shauld be filed v PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Dr. W. R. Cadle Emmitsburg, Maryland NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) Emmitsburg Frederick Co. Md. Mt. View 250. REGO BY REGISTRAR 10 C270. REGISTRARS S 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) Emmitsburg, Md. DATE 20 M 1/66



ADDRESS Helmore

Frederick, Md. 21701

250. REC'D BY REGISTRAR

1967

25b. REG STRAR'S SIGNATURE

The law requires that the death certificate be executed within 24 hours after death hours after pa anil in any event, wuth pletely f corpon remov can burial, crematian, or removol, signed by the burial-transit Page 4 may be retained by the haspital ar attending physician. ificate has been s far use as the b this certificate detached eq director, pag-VR A15 (4) 25M 1/67

S SEX

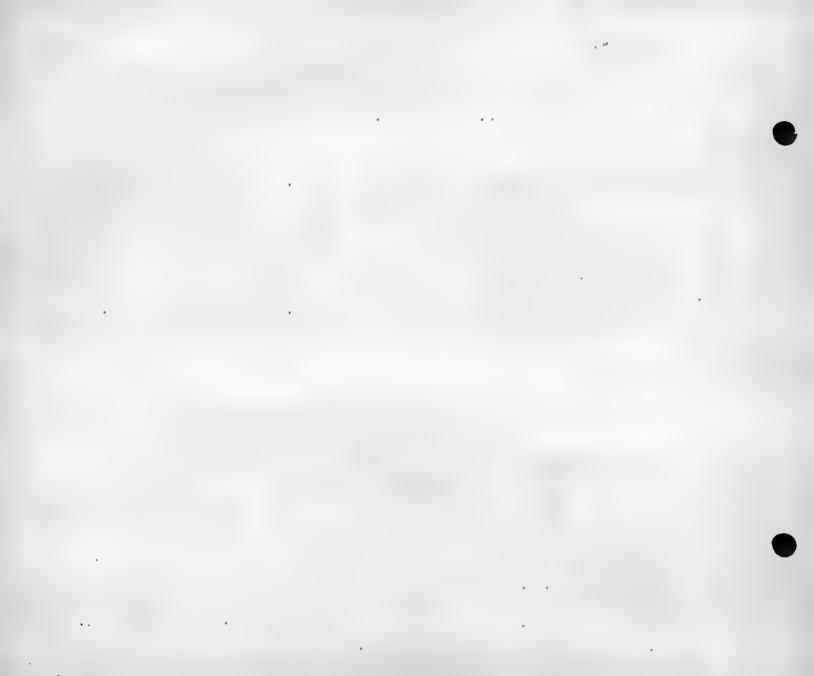
No

last.

24. FUNERAL DIRECTOR



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 73858 13864 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH p. STATE h. COUNTY o. COUNTY Marvland Frederick Frederick MARYLAND burial, crematian, ar remaval, and in any event, within 2240crs after b CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate lumits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 write RURA and give negrest town) Hgts. Lime Kiln 24-haurs two mos. e IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Vindobona Convalescent & Rest Home YES NO TO requires that the death certificate be executed within Middle Year NAME OF Lost DATE First DECEASED William Heffner-Sr. October 26-67 Henry 19 DEATH (Type or print) IF UNDER 1 YEAR | IF UNDER 24 HRS. AGE (In years 8. DATE OF BIRTH S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED tapl birthdoy) Months Dovs Hours March 5-1882 White WIDOWED DIVORCED Male 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, ar foreign country) 10o USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR **COUNTRY?** during most of work ng life even fretired) INDUSTRY Lovettsville- Va. U.S.A. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Margaret Schaefer Frank Heffner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) 213-16-0634-A Harry Ed. Heffner- Lime Kiln-Md. 21763 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse **J FUNERAL DIRECTOR:** After this cerificate has been a director, page 3 shauld be detached far use as the I shauld be filed with the State Dept. of Health prior to I Page 4 may be retained by the haspital ar attending 19. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X YES 🗀 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) (City or town) (County) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work TO FUNERAL DIRECTOR: After 1967 to 26 Oct 1967 that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from July 1967, and that death accurred at 1 A M, fram causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 220. SIGNATURE ATTENDING PHYS X Oct .27-1967 DIRECTOR PHYS. M.D. 22d. ADDRESS 22c PHYSICIANS Frederick Medical Center-Frederick, Md. NAME (Type) Dr. J.R. Poirier 23d LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION REMOVAL (Specify) W. of Frederick, Ad. 21701 Oct .29-1967 Rocky Springs Cometery 2Sb REGISTRAR'S SIGNATURE 2So, REC'D BY REGISTRAR ADDRESS It list more 24. FUNERAL DIRECTOR EL Son Milianley Frederick, Md.21701 VR A15 (4) 20 M 1/66 1967 DATE (



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13865 CERTIFICATE OF DEATH PLACE OF DEATH 7 USUAL RESIDENCE (Where decreased lived if institution. Residence before admission) o. COUNTY o STATE **b** COUNTY Frederick b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND 24 hours ofter Marvland c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 the Rural Mt Airy Frederick 10 hrs e. IS RES DENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS Rtl Mt Airv YES NO TX Frederick Memorial Hospital requires that the death certificate be executed within and in any event, with NAME OF Middie 4. DATE .ost Dov Year please remove corbon attending physician and completely sermit. Then please remove carbor DECEASED (Type or print) William Edward Hopkins 1967 DEATH October S. SEX DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED tost pirthdoy) Months Hours DIVOR(ED 86 Negro WIDOWED 7-14-1881 Male 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY COUNTRY? Railroad F'rederick, Md

14. MOTHER'S MAIDEN NAME II.S ----13 FATHER'S NAME burial, cremation, or removal, Emily Graham Oras Hopkins 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If If yes give wor or dates of service 16. SOCIAL SECURITY NO. 17. INFORMANT permit. 723-09-0518 Horace Williams Mt Airv. Md Unknown INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per ling for (o), (b), and (c) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO signed I Conditions, if ony, which gove (b) rise to immediate couse (a) DUE TO stoting the underlying couse use os the l alth prior to b Poge 4 moy be retained by the hospital or ottending hos been lost WAS AUTOPSY PERFORMED? PART ALL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) with the State Dept. of Health NO YES" O FUNERAL DIRECTOR: After this certificate ţ 20o ACCIDENT WAS UNDERLYING [1] 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) should be detached 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home form. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (this hospital) attended the deceased from 2-1967, to (22+28, 1967, that (1) (we) last 8 1967 and that deoth occurred at 301 M, from causes and on the date stated above. sow the deceased alive an 22b DATE SIGNED 220. SIGNATURE STAFF PHYS. ATTENDING M.D. DIRECTOR PHYS director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) D) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) BURIAL, CREMAT ON, REMQVAL (Specify) Dorsey Chapel Buria 10 - 31 - 67Mt. Airv Fred 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) NOV 1 1967 20 M 1/66 C.E. Hicks. 111 Frederick, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13866 FOR STATE HEALTH\DERT. 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH o. COUNTY Frederick Maryland Frederick <u>.e</u> MARYLAND deloy cr3 b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) puo write RURAL and give nearest town) ij Rural Middletown 1 day Freděrick 5 RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS TOTH Frederick Remorial Hospital NO EC YES 🗌 in Item 18. Give Pages. poges lond 2 with the State This certificate should be executed within 24 hours ofter death 3 NAME OF Middle 4 DATE Last Month Doy Year Office olong with DECEASED OF John William Iferd (Type or print) DEATH 19 S SEX 6 COLOR OR RACE NEVER MARRIED X B DATE OF BRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARR ED white last birthdoy) Dovs Hours male 9/28/1012 event within 72 hours ofter death W DOWED DIVORCED 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 100 USUA, OCCUPATION (Give kind of work done 12 CIT ZEN OF WHAT during most of working life, even if retired) sellemp? oyed COUNTRY? Maryland Examiner's 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME in pencil Everett R. Iferd Fannie J. Caln File 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address word "pending" is the Chief Medicol (Yes, no, or unknown) (If yes give wor or dates of service) ee Iferd, Middletown, Nd. no 1B CAUSE OF DEATH (Enter only one couse per PART ! DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) e, writing the word forwarded to the Ch DUE TO and in any Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse last OS 19. WAS AUTOPSY PERFORMED? PART II OTHER 5 GNIFICANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN removal, CERTIFICATION please execute the certificate. NO 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of mury in Port L or Port L of item 18.) 3 should PRIMARY Or CONTRIBUTING Ö 4 shauld CALISE OF DEATH cremotion, MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form, (City or fown) (County) (State) Not While Hour o.m. factory, street, office bldg., etc.) Your While FUNERAL DIRECTOR: Page ot work TO FUNERAL DIRECTORY Hearth prior to buriol, or 21. I certify that I took charge of the remains described above, held an Autapsy Inquiry F and in my apinian Inspect on Suicide Homicide Natural causes Accident Undetermined manner death resulted fram: be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funerof TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Robert J. Thomas Address (Street, city, fown, or county) Frederi NAME (Type) 23o BURIAL, CREMATION DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Stote) buria (Specify) Iutheran Cemeterv Middletown 250. RECT BY REGISTRAP 67 24. FUNERAL DIRECTOR VR A15ME (4) Company, Middletown, Md. 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 5862 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY 'b COUNTY REDERICK MARYLAND b. (ITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAs and give nearest town) WALKERSYILLE A NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) = e IS RESIDENCE ON A FARM? d STREET ADDRESS ROUTEI EMORIAL HOSPITAL YES NO X 3 NAME OF Middle 4. DATE Month Day please remove carban DECEASED NORVILLE THOMAS OCTURERS 18 DEATH 19 600 (Type or print) OHNSON AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED last birthdoy) Months Days Hours and in any WIDOWED DIVORCED KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10h 11. BIRTHPLACE (County & Stote, or fareign country) during most of working life, even if retired)

RESEARCH COUNTRY INDUSTRY PRYLAND 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME JOHNSON REED WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT (Yes, no, or unknown) (If yes give war ar dates of service) WALKERSYILLE LILIAN JOHNSON WWI cremation, CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) INTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) signed by DUE TO buria! RTERIO SCLEROTIC Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been as the last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use Health NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (Caunty) (State) Hour a.m. factory, street, affice bldg., etc.) Nat While 19 at work at work pe 19 6), that (1) (we) last 2). I certify that (1) (this haspital) attended the deceased fram. 19 (27. ta and that death accurred at a s AM, fram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE PHYS 22d. ADDRESS directar, page 3 should be filed v M.D. DIRECTOR 22c. PHYSICIAN'S NAME (Type) TOLL HOUSE AVE (Stote) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) 23o. BURIAL CREMATION 23b DATE THEREOF 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Ollemelas



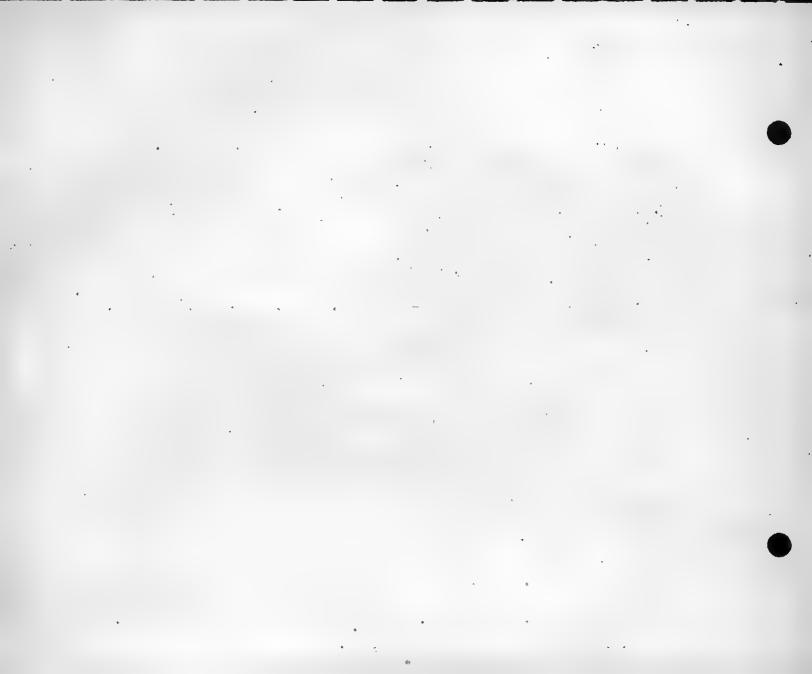
Division of STATISTICAL RESEARCH AND RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items #2c & d Film 13868 requires that the death certificate be executed within 24 hours after deoth. PLACE OF DEATH o. COUNTY Frederick USUAL RESIDENCE (Where deceased lived if institution Residence before admission) **b** COUNTY Frederick Maryland MARYLAND CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, Frederick New Market Months d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) B IS RESIDENCE d STREET ADDRESS Home For The Aged 115 Record Street YES NO X 3. NAME OF Middle 4. DATE First Lost Month Doy Year DECEASED **JONES CLARA** October 67 4. (Type or pnn!) DEATH buriol, cremotion, or removal, and in ony event, S SEX 6 COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED glast birthday) Hours White Female Feb. 12. 1872 WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 11, BIRTHPLACE (County & State or foreign country) 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? A. Residence in the second of the INNISIPYe Libertytown, Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME James Galt Jones Sarah Burgess 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 214-54-0367 Frederick. Maryland Home For The Aged CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physicion. DUE TO Conditions, if any which gove rise to immediate couse (o), DUE TO stoting the underlying couse this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO A 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) 20c TIME OF INJURY Month, Day, Year (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) of work O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from 19: ____, that (I) (we) last 19 67, and that death accurred at _M, from causes and an the date stated above saw the deceased alive on_ 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS 10-4-1967 DIRECTOR 22d. ADDRESS 20C PHYSICIAN'S NAME (Type) Dr. James B. Thomas 228 North Market Street Frederick, Md. M.D. 230 BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
But ia 1/2 Central Methodist Cemetery Central. Maryland 10-6-1967 RECD BY REGISTRAR 96725b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Robert E. Frederick. Maryland DATE Darsley



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13864 13869 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. funeral l ond er deoth PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY Frederick a. STATE b. **COUNTY** Maryland Howard MARYLAND b CITY OR TOWN (If autside carporate limits, CLENGTH OF STAY IN 1h c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) days Rural-Florence e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street address) d STREET ADDRESS RFD # 2, Woodbine Frederick Mem. Hospital YES 🗍 NO K NAME OF 4 DATE Fiest Middle Last Day Year completely nove carbe DECEASED (Type or print) Ada S. Justice 19 67 and in any event, DEATH Oct. remove car 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE NEVER MARRIED B DATE OF BIRTH 7 MARRIED last birthday) Months Hours White WIDOWED TO DIVORCED Sept. 18. Female 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? ottending physician sermit. Then pleose Housewife Howard Co. Md. IISA 13. FATHER'S NAME buriol, cremation, or removal, Frank Sullivan Elizabeth Harrison 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dales af service) 17. INFORMANT 16. SOCIAL SECURITY NO. permit. 212-32-1500 Leonard Justice. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY buriol-tronsit ONSET AND DEATH IMMEDIATE CAUSE (n) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or ottending physician. signed by 1420 DUE TO Conditions, if any, which gave (b) rise to immediate cause (a), DUF TO stating the underlying cause has been be detached for use as the State Dept. of Health prior to last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPS PERFORMED? NO K TO FUNERAL DIRECTOR: After this certificate 20o ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part () of item 18) OR CONTRIBUTING THE AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (State) 20c T ME OF INJURY Manth, Day, Year (County) Nat While Haur a.m. factory, street, office bldg, etc.) While at work 19 67, to Oct. 11, 1967, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram. Oct. 1 director, page 3 should should be filed with the Oct. 11 19 67, and that geath occurred at : 30PM, from couses and on the date stated above. saw the deceased alive an 22a, SIGNATURE 22b. DATE SIGNED STAFF MED DIRECTOR Oct. 12.67 22d ADDRESS Frederick, Maryland 22c. PHYSICIAN S Demiray, M.D. Ade 1 NAME (Type) 23d. LOCATION (City or Town) 230 BURIAL, CREMATION. 23b, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) Oct.14,1967 Jennings Chapel Florence. Md 256 REGISTRAR 5 S GNATURE 24. FUNERAL DIRECTOR Olin L. Molesworth, Damascus, Md. DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Frederick Prederick MARYLAND Marvland death. b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
I'rederick c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Frederick years d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? State Frederick Memorial Hospital 38 E. South St. NO X YES Month Year 3. NAME DE Last DATE First DECEASED Martin Howard Kemp (Type or print) DEATH October 2 with within 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months | Days | Hours | Min. DATE OF BIRTH Pages White Male WIDOWED DIVORCED June 11-1896 and a 10a. USUAL OCCUPATION (Give kind of work done I 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Blacksmith Own Business Marvland U.S.A. -AU. 13. FATHER'S NAME MOTHER'S MAIDEN NAME E Daniel Enos Kemp Eleanor Mae Zimmerman File and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMANT Md.21701 (Yes. no. or unkown) [(If yes give war or dates of service) permit. | removal, 214-34-1066 Mrs. Ida D. Kemp-38 E. South St.-Frederick-EXAMINER: This certificate should be executed within No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause/ per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit 6 cremation. DUE TO Conditions, if any, which (b) gave rise to immediata **DUE TO** cause (a), stating tha (C) used as a to burial, underlying causa last. ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE WAS AUTOPSY PERFORMED? CERTIFICAT YES W NO T 208. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) should ! O-CCL wo can terret 3 shou agent, (State) MEDICAL 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While Whila CTOR: Page designated at work! 21. I certify that I took charge of the remains described above, held an Autopsy 17. and in my opinion Inspection Inquiry should RECTOR: Undetermined manner Natural causes A Accident Suicide Homicide death resulted from: your CHIEF MEDICAL EXAMINER or its 22. DATE SIGNED Page ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MED for DEPUTY MEDICAL EXAMINER FUNERAL Health on EXAMINER'S Robert J. director. retained NAME (Type) Address (Street, city, town, or county) (Stata) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23a. REMOVAL (Specify) 5 0 Frederick. 0ct.17-1967Mt. Olivet_Cemetery PECO BY REGISTRAP 450. REGISTRAP'S EIGNATURE ADDRESS Wheetmer 24. FUNERAL DIRECTOR -Etchison & Frederick. Md.21701 VR ALSME DATE



1. PLRCE OF DEATH COUNTY Prederick C. LINGTHO STATE Maryland C. LINGTHO STATE MARYLAND C. LINGTHO Maryland C. LINGTHO STATE MARYLAND C. LINGTHO STATE MARYLAND C. LINGTHO STATE MARYLAND C. LINGTHO STATE MARYLAND C. STATE	- 3366		CERTIFICA		ON STREET, BALTIN H	1387
b. CITY OR TOWN (If outside corporate limit). write LEAR and give, prepared lowe) If Edder I created and give prepared lowed. J. Weeks I. NAME OF PROPERTY (If outside corporate limit), write RUBAL and give nearest low Frederick I. NAME OF PROPERTY (If outside corporate limit), write RUBAL and give nearest low Frederick I. NAME OF PROPERTY (If outside corporate limit), write RUBAL and give nearest low Frederick I. S. R. ANDESS 321 East Third Street VIS. 321 East Third Street October 5. 19 I. S. SK I. S. SK I. S. CATHERINE GOODES CATHERINE GOODES I. S. SK I. S. SK I. S. CATHERINE GOODES CATHERINE GOODES I. S. SK I. S. OLOR OR RACE I 7. MARRIED DIVORCED Sept. 25, 1901 GO Van Indian Days Hours House divorting life, even if relized None I. S. MAS DECEASED EVER IN U.S. ARMED FORCES? I. G. SOCIAL SECURITY NO. I7. INFORMANT I. MOTHER'S MADIBEN NAME Arthur Goodes S. WAS DECEASED EVER IN U.S. ARMED FORCES? I. G. SOCIAL SECURITY NO. I7. INFORMANT I. CAUSE OF DEATH (Emist only one cause per line for (e)). (b). and (c). PART I. DEATH WAS CAUSED BY MAS CAUSED BY	PLACE OF DE	атн derick				NITH
Frederick Memorial Hospital 321 East Third Street First DECEASED (Type of print) CATHERINE GOODES KESTER 6. COLOR OF RACE THE White Widoweb Widoweb Widoweb Widoweb Widoweb Divorced Sept. 25, 1901 Sept. 26, 1901 Sept. 26, 1901 Sept. 26, 1901 Sept. 27, MARRIED HOMER Hours Homemaker 13. TATHER'S MAINE Arthur Goodes 14. MOTHER'S MAIDEN NAME Arthur Goodes 15. WAS DECEASED EVER IN U.S. ABABO FORCES? (The control uniform) Sept. 26, 1901 Sept. 27, 1901 Sept. 28, 190	b. CITY OR TOW	WN (if outside corporate limits.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f autside corporete limits, wri	
DECEASED IN CATHERINE GOODES KESTER DEATH OCTOBER S. DATE OF BIRTH S. DATE OF BIRT	Fre	derick Memoria			East Third St	,
To USUAL OCCUPATION (Give kind of work done during most of working most of w	(Type or print,	CATHERIN	E GOODES	KESTER	OF .	ahan E
None Philadelphia, Penn. U.S.A.	Female	White	DOWED X DIVORCED	Sept. 25, 190	1 66 yrs.	Months Deys Hour
Arthur Goodes Jennie Kern 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT Address (Mat. Pro., or unknown) [Illyes givewerdedies of service] 183-09-0349D Mr. Arthur G. Kester 321 E. Third St. Fre 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART 1. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate ceuse (e), stelling the underlying cause lest. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A CO.DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 for line 18.) OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH HOUR e.m. P.m. 19	Homemake:	of working life, even if relized}		Philadelp	hia, Penn.	
Third St. Fre 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO	Arthur G	oodes		Jennie Ke	rn	
20c. TIME OF INJURY Month, Dey, Yeer While Not While et work 19 Not While et work 19 Interest of Injury (Home, ferm, p.m. 19 I	gave rise to imp (a), staling the cause last.	eny, which (b)				VEN IN PART 1(a) 19. WA
21. I certify that (I) (this hospital) attended the deceased from		TING CAUSE OF DEATH				mari
saw the deceased alive on 10-4- 1967, and that death occurred at M, from the causes and on the date stated 22e. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. 10-5-1967 22c. PHYSICIAN'S 22d. ADDRESS		.m. 19	While Not While fec	tory, street, office bldg., etc.		
22c. PHYSICIAN'S TO THE TOTAL ATTENDING MED. DIRECTOR STAFF 10-5-1967	saw the dec	ceased alive on/or				and on the date state
NAME (Type) Dr. Rex R. Martin M.D. 220 North Market Street Frederick.	220. SIGNATU	Marron	mitin "	D PHYS. D	AED. STAFF IRECTOR PHYS.	



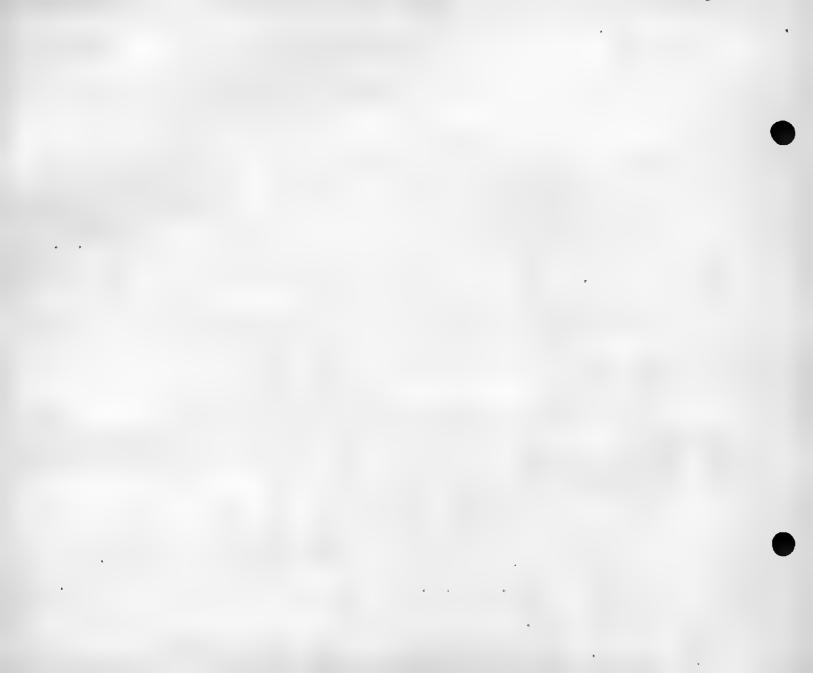
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH COUNTY a. STATE b. COUNTY Frederick Maryland Frederick MARYLAND c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corparate imits, r LENGTH OF STAY IN 15 wide RURA, and give nearest town) -Thurmont RD 2 Vrs. d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM? St. Anthony Home YES NO IX 3. NAME OF 4 DATE Year DECEASED (Type or print) OF DEATH D. Knott Oct. James S. SEX 6. COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR 7 MARRIED NEVER MARRIED Hours white Jan. 20. male 1907 WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CIT ZEN OF WHAT during-most of warking life, even if retired) INDUSTRY Maryland 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME burial-transit permit. Then pl burial, crematian, ar remaval, signed by the attending phy Alexander Knott Anna M. Bowman Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes_no, or unknown) (If yes give was ar dates of service 211-12-1995 Alphonso Knott Thur nont. Md 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse as the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS' PERFORMED? NO P this certificate 20g. ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month. Day. Year (City or town) (County) (State) Hour o.m. Not While factory, street, affice bldg., etc.) at work at wark TO FUNERAL DIRECTOR: After 1964 to Cor 20 21. I certify that ((1)(this haspital) attended the deceased fram_ , 19*62*, that (1) (we) last Dec. 1967, and that death accurred at 1030, M, fram causes and an the date stated above. saw the deceased alive on Oct 22g. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. ATTENDING PHYS 22d. ADDRESS 22c. PHYSICIAN'S Emmitsburg, Md. NAME (Type) Morningstar director, shauld b 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (State)D 23a. BURIAL, CREMATION . (County) REMOVAL (Specify) 10-25-67 St. Anthony Cem. Immitsburg, Md. Fred 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Thurmont.



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY Frederick Frederick Marvland MARYLAND and b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town Frederick Braddock Heights d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 15 RESIDENCE ON A FARM? 617 Lee Place Vindohona Convalescent Home YES NO X completely 3. NAME OF DATE Midde Month carbon, pa 19 67 NELLIE GREBB KRAUSS October 0 DEATH within (Type or print) 9. AGE (In years IF UNDER 1 YEAR 5 SEX 6. COLOR OR RACE 8. DATE OF BIRTH last birthday) and 7. MARRIED T NEVER MARRIED Months event, White Jan. 6. 1884 Female WIDOWED T DIVORCED [physician гетоме 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & Steta, or foreign country) done during most of working life, even if retired) None Baltimore. Maryland Homemaker please 드 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME affending Pue Mary Louise Schnibbe Louis Grebb 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (Ifyes givewar ordates of service) Mrs. Herman Ramsburg 617 Lee Place Fred. Md. 18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate cause (a), sleting the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPS SE CERTIFICATION PERFORMED? NO X þ 20e ACCIDENT WAS UNDERLYING [20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Hem 18.) OR CONTRIBUTING [] CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Da, PLACE OF INJURY (Home, ferm, (County. (Stote) 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED 1 20f. (City or lown) ō tectory, street, office bldg., etc.) Not While Hour a.m. DIRECTOR el work et work p.m. M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at & 22b. DATE 22a SIGNATURE ATTENDING October 10. 1987 DIRECTOR HOSPITAL FUNERAL PHYS. \mathbf{k} PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) ector, 228 North Market Street Frederick. Md. 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b. DATE THEREOF gi. REMOVAL (Specify) Baltimore. Maryland L0-12-1967 Loudon Park Cemeterv ADDRESS VR A1S Frederick. Maryland DATE DaiJev & SON 20M 5-69



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 £869 CERTIFICATE OF DEATH within-24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution: Residence before admiss on) o. COUNTY Frederick o WATE aryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (f outside corporate timits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 signed by the attending physician and camplefely filled in by the burial-transit permit. Then please remave carbon papers. Pagburial, cremation, ar remayal, and in any event, within 72 haurs. Rural - Frederick Week Frederick e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Frederick Memorial Hospital Route 5 YES NO DO 3 NAME OF Middle 4 DATE First Lost Month Doy Year DECEASED OF LONG DEATH October 1967 (Type or print) FLORENCE REBECCA The law requires that the death certificate be executed S SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** last birthdoy) Months Dovs Hours White January 11, 1916 Female DIVORCED WIDOWED 13. BIRTHPLACE (County & Stote, or foreign country) 100 JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) Housewife COUNTRY? INDUSTRY Brunswick, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME Ira J. Weddle Grace May Fisher 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 220 30 9268 John Chester Long(Same as item #2 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ONSET AND DEATH PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stoting the underlying cause FUNERAL DIRECTOR: After this certificate has been irectar, page 3 should be detached far use as the hauld be filed with the State Dept. af Health priar ta WAS AUTOPS! PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERTIFICATION NO IC 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20d INJURY OCCURRED (County) TIME OF INJURY Month, Doy, Year factory, street, office bldg , etc) Not While of work of work 2). I certify that (1) (this haspital) attended the deceased fram(1) 19 67, that (1) (we) last 19<u>67</u>, ta (director, page 3 should should be filed with the 19 67, and that death accurred at 2300M, fram causes and an the date stated above saw the deceased alive an Oct 17 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS Oct. 18, 1967 DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) Henry V. Chase. Toll House Ave. Frederick. Md. 230. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. 10CATION (City or Town) (County) REMOVAL (Specify) Frederick, Maryland Mount Olivet Cemeterv 0 24 FUNERAL DIRECTOR M. ADDRESS takele en 250 REC'D BY REGISTRAR DATE OCT 20 VR A15 (4 H. R. Etchison & Son, Frederick, Maryland 20 M 1/6



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13875 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY P CONITA Frederick Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) write RURAL and give nearest tawn) Brunswick 2 Days Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Frederick Memorial Hospital W. Potomac St. NO S 3. NAME OF 4 DATE Year DECEASED 19 6 COKI (Type or print) DEATH S SEX 6 COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED DATE OF BIRTH last eirthday) Manths 40/1879 DIVORCED Male White WIDOWED 10g USUAL OCCUPATION (Give kind of work done 196 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or fareign country) 12 CIT ZEN OF WHAT during most of work no life, even if retired)
Ret. R.R. Engineer COUNTRY? U.S.A Railroad Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal HENRY CLAY LONG MARY FRANCIS CORDELL IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates af service 5 Mrs. Mary Barger Brunswick. 705-12-0199 burial crematian. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gave rise ta immediate cause (o). **DUE TO** stating the underlying cause as the lost PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? NO reunionia ATTENDING PHYSICIAN: FUNERAL DIRECTOR: After this certificate 20g ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20x TIME OF NaURY Month, Day, Year 2Dd INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Haur 'a.m. While Nat While factory, street, affice bldg., etc.) of work at work 21 I certify that (1) (this haspital) attended the deceased from (UCA) /7_. 19/0/ that (I) (we) last Orth 12 1967, and that death accurred at 1259 M, fram causes and on the date stated above saw the deceased alive an-22o. SIGNATURE 22b DATE SIGNED **ATTENDING** PHYS DIRECTOR ADDRESS 22c. PHYSICIAN'S NAME (Type) Pearre. M.D. E. Church St. Frederick. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g BURIAL CREMATION. (County) REMOVAL (Specify) Knowville-Frederick-Md. Knoxville 0 Buria NCO-BY REGISTRAR 967 256 REGISTRAR S SIGNATURE FUNERAL DIFECTOR

Md DATE

VR A15 (4) 25M 1/67



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

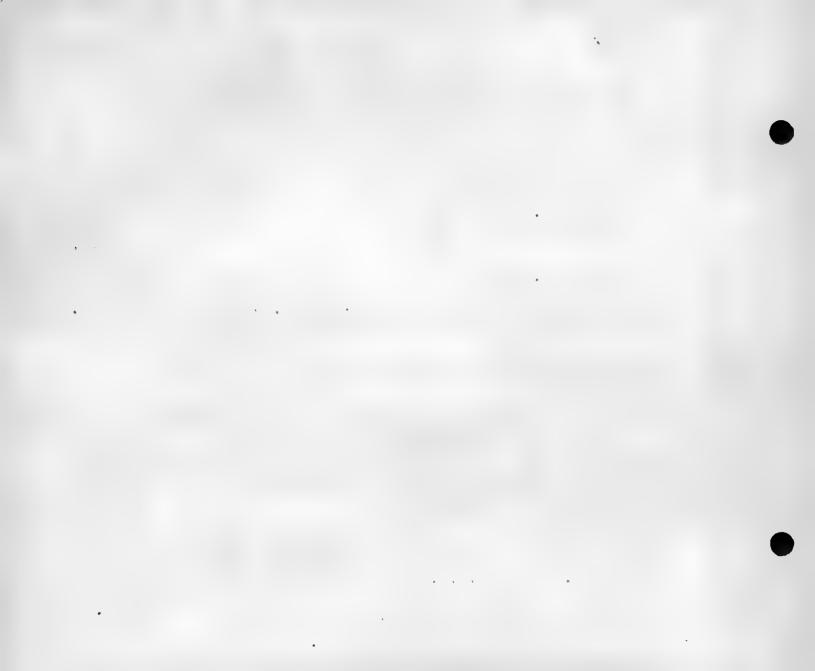
CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before odmission) PLACE OF DEATH b. COUNTY FREDERICK o. STATE MARYLAND c LENGTH OF STAY IN 16 b CITY OR TOWN (If autside corparate limits, c CITY OR TOWN (If autside corparate limits, write RURAL and give neorest town) FREDER ICK 29 HOURS AIRY MT. Rte 1 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS anepaper within 72 signed by the attending physican and campleter filled burial-transit permit. Then please remays carbane age MEMORIAN HOSPITAL FREDERICK NO 🖂 YES 3 NAME OF 4 DATE Year Tanva DECEASED (Type or print) - 1967 BABY DEATH 9. AGE (in years 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED lost birthday) FEMALE NEGRO 10-5-6 DIVORCED 11. BIRTHPLACE (County & State or Fareign country) 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? FREDERICK - MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME RUDOLPH CLARICE E LIZABETH BO WIE 15. WAS DECEASED EVER IN U.5. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address (Yes, na, ar unknown) (If yes give wor ar dates of service MT. AIRY MARYLANI MOTHER NONE 18 CAUSE OF DEATH (Enter only one couse per ling far (a), (b), and, (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause use as the a has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) of Health NO O FUNERAL DIRECTOR: After this certificate 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (Stote) 20d, INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Haur a.m at work of work 2]. I certify that (1) (this hospital) attended the deceased from CCT 3, 19 67, to OCT 6, 1967 that (1) (we) last 6 19 6 7, and that deoth occurred at 2 D PM, from causes and on the date stated above. saw the deceosed alive on_ 22b. DATE, SIGNED 220 SIGNATURE director, page 3 M.D DIRECTOR 22d, ADDRESS 22c. PHYSICIAN'S FRED. MEDICAL NAME (Type) CENTER 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREO! (County) (Stote) 23o. BURIAL CREMATION REMOVAL (Specify) FRED MEMORIAL

ADDRESS FRENERICK RELEASETO

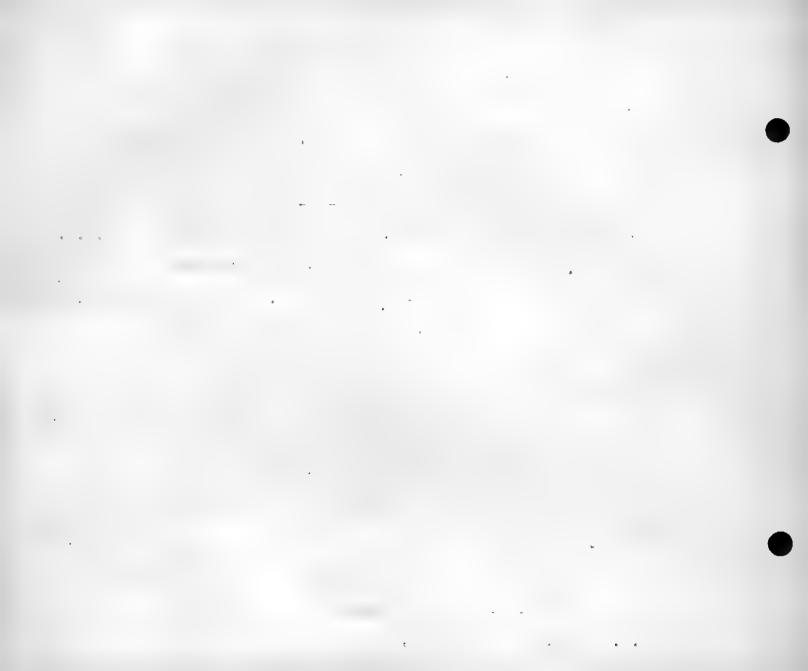




MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased tived, if institution. Residence before admission PLACE OF DEATH b. COUNTY rederick o. COUNTY Frederick o. STATE Maryland MARYLAND by the attending physician and campletely filled in by the transit permit. Then please remove carban papers Pages cremation, ar remayal, and in any event, within 72 haurs aft c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, Brunswick e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Frederick Memorial Hospital I2 West Potomac Street YES NO TO NAME OF Eirst Middle Lost DATE Month Day Year DECEASED OF 196 IO VIOLA MAIN (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 9. AGE (In years 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED B. DATE OF BIRTH** Months last birthdoy) Doys Hours Female Cauc. DIVORCED WIDOWED 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT 100 JSJAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? U.S.A. INDUSTRY Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Christian L. Kaetzel Mary Elizabeth Kaetzol Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) MA-387-77L Brunswick, Md. Ernest L. Main INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH accinema IMMEDIATE (AUSE (o) DUE TO Conditions, if any, which gove Carcheouses un rise to immediate couse (o). DUE TO stoting the underlying couse Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been of Health priar to the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) USe NO PO 120001m C CL fgr 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 204 INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, County 20c. TIME OF INJURY Month, Day, Year Not While factory, street, office bldg., etc.) at work _____, 19_67, to_0<1, 15__, 19_67, that (I) (we) lost 21. I certify that (1) (this hospital) attended the deceased from Significant Dit. 17 19 6%, and that death occurred at 530 MM, from causes and on the date stated above. saw the deceased plive an. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING M.D. DIRECTOR PHYS abod 22d. ADDRESS ederick Maryland 22c. PHYSICIANS A. Pearre, Jr. M.D. director, po shavid be f Md (County) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 230 BURIAL, CREMATION, REMOVAL (Specify)
Burlal Brunswick, Park Heights Cemetery Brunswick, Md. 2Sb REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR **BUNERAL DIRECTOR** VR A15 (4) Milarles 20 M 1/66



Item 18 Film 393 10-2 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY Frederick MARYLAND Marvland Frederick b. CITY DR TDWN (if outside corporate limits, C. LENGTH DF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) life Frederick Ξ. Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) A. IS RESIDENCE d. STREET ADDRESS DN A FARM? W. 4th Street Extended Frederick Memorial Hospital YESX NO 3. NAME OF Middle Last DATE Day Year DECEASED Car (Type or print) DEATH Elizabeth сошр Makel 1967 October 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. e remove in any eve 8. DATE OF BIRTH last birthday) | Months | Days and 9-15-1902 DIVORCED [65 Female Negro WII Female yrs. attending physician a ermit. Then please re m, or removal, and in a 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? عهده وردود وردود Frederick Co.Md U.S.A. Domestic
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martha A Timbers William W. Scott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? led by the attend transit permit. 16. SOCIAL SECURITY NO. | 17. INFORMANT Address · Md . (Yes, no. or unkown) | (If yes give war or dates of service) 184-26-3970 Lester F. Scott Petersville.Fred 364646464646464646 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause been signed by the burial transit or to burial, crema ONSET AND DEATH PART I, DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Uremia Cenditions, if any, which gave rise to Immediate as the prior to DUE TO cause (a), stating the underlying cause last. Chronic pyelonephritis CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? ND 20a. ACCIDENT WAS INDERLYING DO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Joury in Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLAOS OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (County) (State) of the office of Hour a.m. Not While at work at work A P DIRECTOR: A age 3 should iled with the 5 1907 to 10 21. I certify that (!) (this hospital) attended the deceased from and that death occurred at C. P. M. from the causes and on the date stated above. saw the deceased alive on -DATE SIGNED 22a. SIGNATURE ATTENDING page DIRECTOR FUNERAL PHYSICIAN'S 22d. ADDRESS TO FUNERAL director, p 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF CEMETERY OR CREMATORY REMOVAL (Specify) Frederick Md Fairview Burial 10-20-67 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 196 Frederick . Maryland C.E. Hicks.111 VR A15 (4) 1/65



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely mind in by the faqueal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and Takould be filed with the State Dept. of Health prior to burial, cremation, or removal, and may mean, within 72 hours after death. The law requires that the death certificate be executed within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

- " 1 2 2 "	73	CERTIFICA	IE OF DEATH		13880
1. PLACE OF DEA	RTH		2. USUAL RESIDENCE (When	e decessed lived, If institution:	Residence before edmission)
a. COUNTERE	derick	MARYLAND	. STATE Maryland	b. COUNTY Fre	derick
b. CITY OR TOW write RURAL	N (if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURAL en	d give neerall fown)
Prederic	ck	Years	Frederick		, ,
d. NAME OF HO	SPITAL OR INSTITUTION (if not in	hospital, give street eddress)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
13 West	Seventh Street		13 West Seven	th Street	YES NO X
3. NAME OF DECEASED	First	Middle	Last 4. DAT	TE Month	Day Year
(Type or print)	ROBERT		ANN DEF	OCTOBEL	
5. SEX		RRIED 🔣 NEVER MARRIED 🔲 📙	. DATE OF BIRTH	9. AGE (In years IF UNDER I	Deys Hours Min.
Male		OWED DIVORCED	13 June 1916	51 yrs.	
done during most of	working life, even if retired)	b. KIND OF BUSINESS OR INDUSTR			IZEN OF WHAT COUNTRY?
Merchant	& Ass't Postmas	ter	Virginia		. S.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
William			Lola Orrison		
15. WAS DECEASED (Yes, no. or unkown)	EVER IN U.S. ARMED FORCES? (Ifyesgive werordeles of service)		NFORMANT	Address	*
No		229-07-4617 Mr	s. Louise G. Mans	(Same as item	#1)
18. CAUSE O	P DEATH Enter only one cause	per line for (e), (b), end (c).]	•		INTERVAL BETWEEN
PART I. DE	EATH WAS CAUSED BY: ACT	ite Myocardial Ir	nfarction		I hour
4201	DUE TO				
Conditions, if	eny, which \ (b)	rteriosclerotic	Heart Disease.		8 years
geve rise to imm	nediete ceuse				_
(a), sletting the ceuse lest.	Underlying				
	(c)	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEA	ASE CONDITION GIVEN IN PAR	19. WAS AUTOPSY PERFORMED? YES NO
20e ACCIDENT OR CONTRIBUTE (IF EITHER, NOT	WAS UNDERLYING 206. ING CAUSE OF DEATH IFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter neture of injury in Pert I or	Pert II of item 18.)	
20c. TIME OF II		the state of the s	CE OF INJURY (Home, farm, 20f.	(City or town) (Cou	inty) (State)
Hour e.i		Vhile Not While 1901 work et work	ori, steel, office plog., etc.)		
		tended the deceased from		10 October 25, 19	1111111111
saw the dec	eased alive on Oct 25	19.67., and that	death occurred af M, fr	rom the causes and on th	
22e. SIGNATU	Drues	~ 40 m	ATTENDING MED. DIRECTOR	STAFF 26	Oct 1967 SIGNED
22c. PHYSICIAN		, M. D.	810 Toll House	Ave., Frederi	ck, Md. 21701
23e. BURIAL, CREM	ATION, 236, DATE THEREOF	23c, NAME OF CEMETERY	OR CREMATORY 23d. I	LOCATION (City, town or count	y) (State)
Burial	10/28/67	Union Cemete	ry Lo	vettsville, Va	•
	TOR'S SIGNATURE Strong	A Sporess	1951 DOT 10	GISTRAR 256. REGISTRAR'S	SIGNATURE
Ple Re L	rentaon & Sout	Frederick, Md. 72	DATE U 3 U	1967 School	A July

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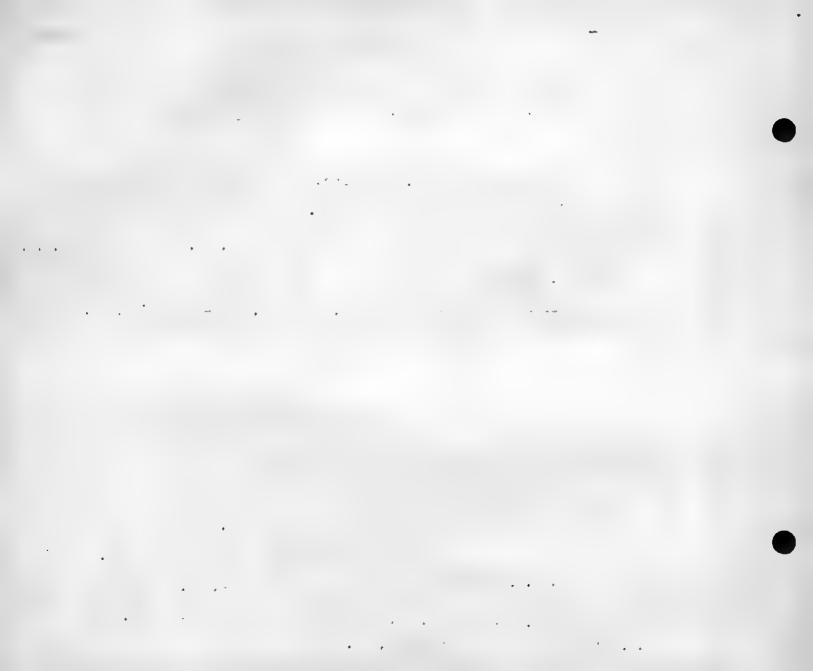
for the transfer of

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13581 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) b COUNTYFrederick o. Greenick Maryland MARYLAND b CITY OR TOWN (1 outside corporate limits, Frederical amy give nearest town) c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 15 days Middletown d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) papers. d. STREET ADDRESS Frederick Memorial Hospital YES NO 😿 physician and campletely villen please remake carbon remains a with 3 NAME OF Middle 4. DATE Year DECEASED Henson 196 DEATH (Type or pnnt) S SEX 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE NEVER MARRIED Oct. 18,1916 inthday) White Male 10b KIND OF BUSINESS ORCOUS Co. 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done Maryland, Fred. co. Mallore TICOUNTRY duranti bumeniteve Other ater road 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME by the attending phy remaya Mary E. Kepler George W. May 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes po er unknown) 9-07-8302 Middletown, Md. Mary E. May INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), burnal-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO everalized ARterioscherosis Conditions, if ony, which gave rise to immediate cause (a). DUE TO use as the latth priar to b stoting the underlying cause last. 19. WAS AUTOPSY PERFORMED? YES TO NO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) od far use af Health r 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m factory, street, affice blda., etc.) Not While 19 chey, 1964, to 10/4 21. I certify that (1) (this hospital) attended the deceased fram____ pinous 1967, and that death accurred at 1214,54M, from causes and an the date stated above saw the deceased alive an 10 22b. DATE SIGNED 22o. SIGNATURE director, pay M.D. DIRECTOR 22 Frederick, Maryland 22c. PHYSICIAN'S J.R.Poirier NAME (Type) Oct.6,1967 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BURIAL CREMATION, BUREMDVAL Specify) (County) (State) Lutheran Cemetery Middletown Fred. Md. REGISTRAR'S SIGNATURE ADDRESS 2Sq. REC D BY REGISTRAR 24 FUNERAL DIRECTOR **VR A15** Middletown, Md. Co. Gladhill 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

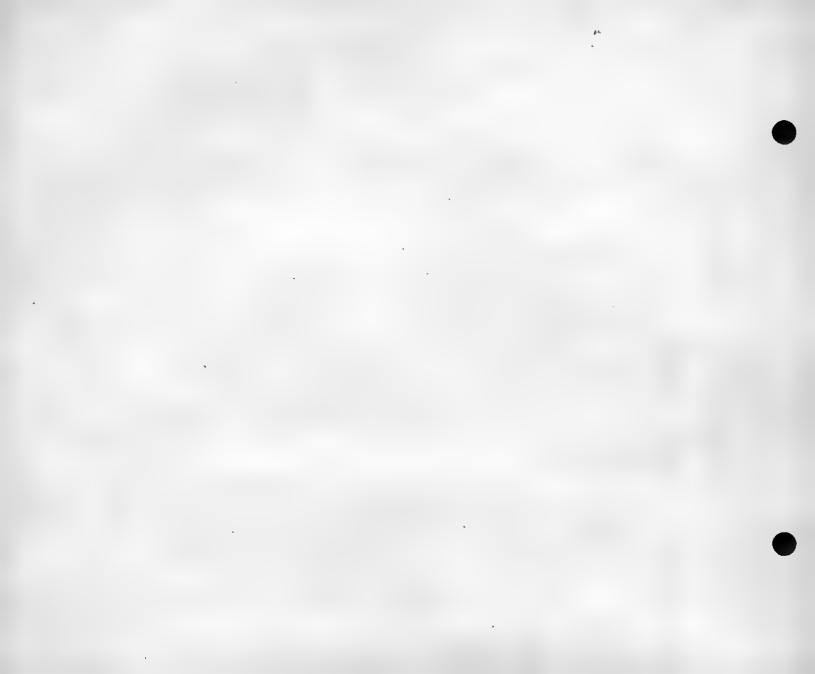


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13882 CERTIFICATE OF DEATH The low requires that the death certificate be executed within 24 hours after death. funera PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY papers Pages 1 c Frederick Marvland Frederick MARYLAND b CITY OR TOWN (If actside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. c CITY OR TOWN (If outside corporate amits, write RURAL and give neasest town) Rural Frederick Lifetime Rural- Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RES DENCE ON A FARM? d. STREET ADDRESS YES NON Route Route 1 the ottending physician and completely fine of the please remove carbon 3 NAME OF Firs# Middle Last 4 DATE Month Day Year DECEASED October 1967 Tra Mercer or removal, and in ony event, (Type or print) DEATH 9. AGE (In years YFAR S SEX IF JNDER IF LINDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH Months last birthday) Hours Days Sept. 21-1896 Male White WIDOWED DIVORCED 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. RIRTHPLACE (County & State or foreign country) during most of warking life, even if retired) COUNTRY? INDUSTRY Frederick Co. Md. Carpenter U.S. 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME William A. Mercer Tda May Fox WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Route 1 (Yes, no. or unknown) ((If yes give war or dates of service) 217-10- 0734 Mrs. Kathryn M. Nash- Frederick, Md. 21701 No cremotion, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)." signed by the burial-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Poge 4 may be retained by the hospital or attending physician. DHE TO burial, Conditions, if only, which gave rise ta immediate cause (a). DHE TO stating the underlying cause FUNERAL DIRECTOR: After this certificate hos been d for use as the of Health prior to last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERTIFICATION NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER Stote Dept. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm. (City or town) (County) (State) Not While factory, street, office bldg., etc.) Haur a.m OR ATTENDING at wark þ , 1967 , to thet. 4 . 1962, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased fram , Jame 24 ploods saw the deceased alive an occurred and p. M. fram causes and an the date stated above. 22b DATE SIGNED 22a SIGNATURE Oct.10-1967 M.D DIRECTOR PHYS. PHYS 22d ADDRESS 22c PHYSICIAN'S Dr. E.A. Dettbarn NAME (Type) Walkersville, Md. 21793 director, should be 23b. DATE THEREOF 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Md. 21701 Mt. Olivet Cemetery Frederick 9 ADDRESS Whitmore 25o, REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR M.R. Etchison & Son Frederick, Md. 21701 VR A15 (4) Jadar. The more like DATE 20 M 1/60



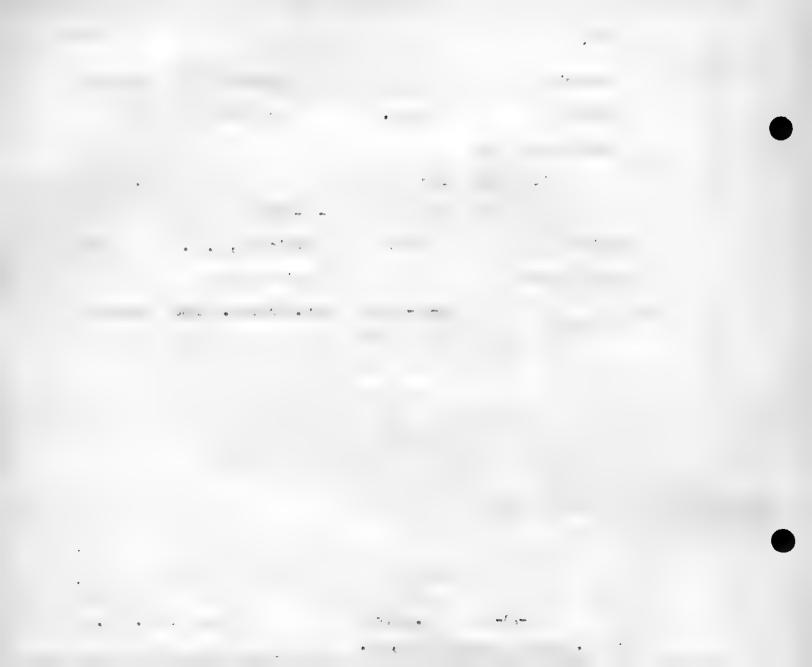
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13883 OF and after death. 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH b COUNTYa. COUNTY C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) lease remave carban papers Pai and in any event, within 72 hours haurs e. IS RES DENCE ON A FARM? filledfin d. STREET ADDRESS MOSP TAL OR INSTITUT ON (if not in haspital, give street address) 24 YES NO R he law requires that the death certificate be executed within 3. NAME OF Middle Lost DATE Month Day Year OECEASED OF OEATH 196 (Type or pont) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX DATE OF BIRTH 5 COLOR OR RACE NEVER MARRIED 7 MARRIED last birthday) Manths Days Haurs WIDOWED OIVORCED 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 100 JSUAL OCCUPATION (Give kind of work done attending physician and marmit. Then please COUNTRY 2 JNDUSTRY during most of working life, even if retired) ENIC 13 FATHER S NAMI MOTHER'S MAIDEN NAMEburial, crematian, or remaval, 16 SOCIAL SECURITY NO. INFORMANT Address IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dotes of service) CAUSE OF CEATH (Enter only one couse per line for (q), (b), and (c)) INTERVAL BETWEEN **burial-transit** PART I. DEATH WAS CAUSED BY. 721.266 IMMEDIATE CAUSE (a) signed by DUE TO Milahagus axus xemis Cotic Conditions, if any, which gave ase to immed ate couse (o) **OUE TO** far use as the b Health prior tab stating the underlying couse Page 4 may be retained by the haspital or attending has been REAKS last. 19 WAS AUTOPSY PERFORMEO? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 8 YES NO CERTIF CAT FUNERAL DIRECTOR: After this certificate 205, OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING be detached for State Dept. af H OR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL (State) 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20d INJURY OCCURREO TIME OF INJURY Month, Coy, Year factory, street, affice blda., etc.) Not While Hour o.m. at wark 14,25, 19(5), that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram. . 19/2/ . ta directar, page 3 shauld shauld be filed with the S 1967, and that death accurred at 46 M, from causes and an the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. OATE SIGNED ATTENOING M.O. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY, 23d. LOCATION (City or Town) (County) (Stote) 23g. BURIAL CREMATION. 23h. DATE THEREOF REMOVAL (Specify) 0 25b REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Minutes

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13884 3873 CERTIFICATE OF DEATH 24 hours after deotil 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE Maryland b. county Montgomery Frederick MARYLAND b CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) c. LENGTH OF STAY IN 16 CEITY OR TOWN (If autside corporate limits, write RURA, and give nearest tawn) Clarksburg 6 mos. Frederick opposite of the popular d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Wynelle Nursing Home MINDIO YES NO DE The low requires that the death certificate be executed within 3 NAME OF Middle First Last 4 DATE Day Year the attending physicion and completely sit permit. Then please remove coribin DECEASED Miles 0F Wilhelmina (Type or print) 19 67 Mary DEATH 5 SEX IF UNDER 1 YEAR I IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthdoy) Months Dovs Hours or removal, and in any WIDOWED DIVORCED 2-16-1882 10g JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of warking life, even if retired) INDUSTRY Housewife Home Washington, D. C. USA 13 FATHER S NAME 14. MOTHER'S MAIDEN NAM Lousia Ballauf Charles Volland 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address buriol-tronsit permit. (Yes, no, ar unknown) (If yes give war ar dates of service) 220-18-8758 Mrs. FrankeE. Blood Same as #2 buriol, cremation, 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Terminal Pneumonia signed by 1 IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-tran should be filed with the State Dept. of Health prior to burial, crer DUE TO Congestive Heart Failure Conditions, if only, which gove nse to immediate couse (o). DUE TO stoting the underlying couse Arteriosclerotic heart disease PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPSY PERFORMED? Recent cerebral vascular accident NO X OR ATTENDING PHYSICIAN: 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20¢ ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER! 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Haur o.m factory, street, affice bldg., etc.) Nat While 22a, SIGNATURE 224 OPATE GNED 67 ATTENDING MED DIRECTOR STAFF PHYS. M.D PHYS 22c PHYSICIAN'S Gilcin F. Meadors. M.D. House Ave. Frederick. Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) (State) REMOVAL (Specify) 10-20-67 St. John Olney Mont. Md. 25b REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25g REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Francis H. Barber Laytonsville, Md. Milamila Juda



death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	OLKINIOAN	OI DEATH		* OCA > O
1. PLACE OF DEATH a. COUNTY				rtion: Residence before admission)
Frederick	MARYLANO	a. STATE	yland b. COUNTY	Frederick
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b			RURAL and give nearest town)
Frederick	3 Wks	Rural Je	fferson	· · · · · · · · · · · · · · · · · · ·
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS	11 01 001	e. IS RESIDENCE ON A FARM?
28 Lincoln Apartmen	nts	_ Rtl		YES NO
3. NAME OF First DECEASED	Middle		4. OATE Month	Oay Year
(Type or print) Margaret	Bernice Me	oore	DEATH October	
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 18	. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS.
Female Negro WIDOWE	DIVORCEO	1-17-1903	last birthday) Mo	
during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY		nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Resturant Cook	4HHHHHH	Frederic		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME	
Dave Grav		Mollie Di	xon	
(Yes, no, or unkown) (If yes give war or dates of service)		INFORMANT	Address	
No satisfaction 2	215-34-3705 Pr	eston Moor	e.Sr Jeffers	on Md
18. CAUSE OF DEATH [Enter only one cause per	r line for (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Myreardery	1 X FIRAZI	v De usalis	ONSET AND DEATH
e 111.7	7		7	
Conditions, If any, which }	L'arman	10.00	×III	181926
gave rise to Immediate (b)	_curetilect	of Checke	LKEEN	10 1100
cause (a), stating the underlying cause last.	perture	C. L' Rox	int Donne	2. 15 44,23
	BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTROL 20a. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RREO. (Enter nature of li	njury in Part I or Part II of it	tem 18.)
3 20c. TIME OF INJURY Month, Oay, Year 20d.	factor	CE OF INJURY (Home, farm ry, street, office bldg., etc	n, 20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Oay, Year 20d. Hour a.m. While p.m. 19 at w	ie - Not walle - I	· ¬		
21. I certify that (I) (this hospital) atter	ded the deceased from	June 7, 195	1 to 17 3	1967, that (I) (we) last
saw the deceased alive on	1271967 and that	death occurred at 2	M, from the causes an	d on the date stated above.
22a. SIGNATURE	> :			2b. OATE SIGNED
1 2 7 1	mee M.O.	, PHYS ME	RECTOR PHYS.	
22c. PHYSICIAN'S		22d. ADDRESS		
NAME (Type) Telbott A.	Brice	Jeffers	on, Md	
23a. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	
Burial 10-6-67	Fairview		Frederick	Md
24. FUNERAL DIRECTOR	ADORESS		O BY REGISTRAR 25b. REGI	STRAR'S SIGNATURE
C.E. Hicks.lll Fr	ederick Mary	Land DATE OC	T 9 1967 /C	harles Judge

VR A15 20M 1/



			STATISTICAL R	ESEARCH AN	ID RECORDS, 30	W. PRESTON STR	EET, BALTIMORE, MARY	
		13881			CERTIFICATE	OF DEATH		13886
		PLACE OF DEATH g. COUNTY				2. USUAL RESIDENCE (Where deceased lived, if institution b. COL	tion. Residence before admission)
		Frederick			MARYLAND	Marylane	F	rederick
		b. CITY OR TOWN (If autside carpa write RURAL and give neorest t	rote limits,	c LENGT	H OF STAY IN 1b	c. CITY OR TOWN (If o	utside carparate limits, write Rl	JRAL and give nearest town)
		Frederick		Weel	ks	Rural -	- Frederick	. /
		d, NAME OF HOSPITAL OR INSTITUT	ON (If not in hosp	tol, give street	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	F	rederick Memori	al Hospi	tal		Route 2, Fr		YES 🔀 NO
	3	NAME OF DECEASED	First		Middle	Last	4. DATE Mor	nth Doy Year
		(Type or print) AU	NES	iII.	LLER	MOSSBURG	DEATH October	
	S	SEX 6 COLOR OR	RACE 7 MAR			8 DATE OF BIRTH	9 AGE (n yeors lost birthday)	Months Days Haurs Mi
	F	emale White	WIDO	WED 🔯	DIVORCED S	September 23	3 1891 76 yrs	
	10a	USJAL OCCUPATION (Give kind of w	ork done	Ob KIND OF BUS INDUSTRY	INESS OR	11. BIRTHPLACE (County	& State, or fareign country)	12 CITIZEN OF WHAT COUNTRY?
	OUI	ng most of working life, even if retir Housewife	, d)	INDUSTRI		Frederick	County, Md.	U. S. A.
	13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	
-		William F.	Miller			Carrie 0	Hara	
	15	WAS DECEASED EVER IN U.S. ARMED s, no, or unknown) [(If yes give war	or dates of service)	16. SOCIAL SEC		NFORMANT	Add	Tederick, Md.
	111	No	0. 40.02 01 3011110)	220 30	7786 B Pa	ul W. Mossb	urg.504 Wilson	Place.
		18. CAUSE OF DEATH (Enter ont PART I. DEATH WAS CAUSED	y one cause per lir	ne for (a), (b), or	nd (c))	<i>+</i> /2 -	11 -	ONSET AND DEATH
		IMMEDIA	TE CAUSE (o)	Keler	waclison	tic hear		Ch / Ch
		+300	DUE TO				telenellat	unc
- 1		Canditians, if ony, which gove rise to immediate couse (o),	(b)					
-		stating the underlying cause (DUE TO					
-		last.	(c)					
١	×	PART II OTHER SIGNIFICANT CON	DITIONS CONTRIBUT	TING TO DEATH B	BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
l I	CATIC							YES NO
	CERTIFICATION	20a ACCIDENT WAS UNDERLYING E OR CONTRIBUTING ☐ CAUSE OF DE	TH 20	35. DESCRIBE HOV	W INJURY OCCURRED.	(Enter nature of injury in	Part I or Part II of item 18.)	
	E CE	(IF EITHER, NOTIFY MEDICAL EXAMI	VER)					
-	MEDICAL	20c. TIME OF INJURY Month, Do Hour a.m.		20d. INJURY OCCU	JRRED 20e PLA While (fact	CE OF INJURY (Hame, fari ary, street, office bldg., etc.	n, 20f (City or town)	(County) (Stote
1	M	p.m,	19 0	itwark 🗀 ati	wark 🔲			
		21. I certify that (I) (this haspital) a	ittended the	deceased fram_		19 56, ta 10-	6 -, 19 6 7 that (1) (we) and an the date stated abo
		saw the deceased aliv	e an/3 ^	<u></u>	19 <u>6</u> <u>(,</u> and tha	t death accurred at	M, fram causes	
		22a SIGNATURE	100	_		ATTENDING	MED STAFF	22b. DATE SIGNED
		1124	wyna	str.	M.	D. PHYS, by	MED STAFF DIRECTOR PHYS.	Oct. 6, 1967
П		22c. PHYSICIAN'S NAME (Type) Rex 1	Montin	31 D		22d. ADDRESS	Vowlet Charon	Production Ma
			. Martin				Market Street,	
1								
1	230	DEMOVED (Consulation	DATE THEREOF	1	AME OF CEMETERY OR		23d. LOCATION (City or To	
		REMOVAL (Specify) Oct	. 9,1967	loun	t Olivet (Cemeterv		

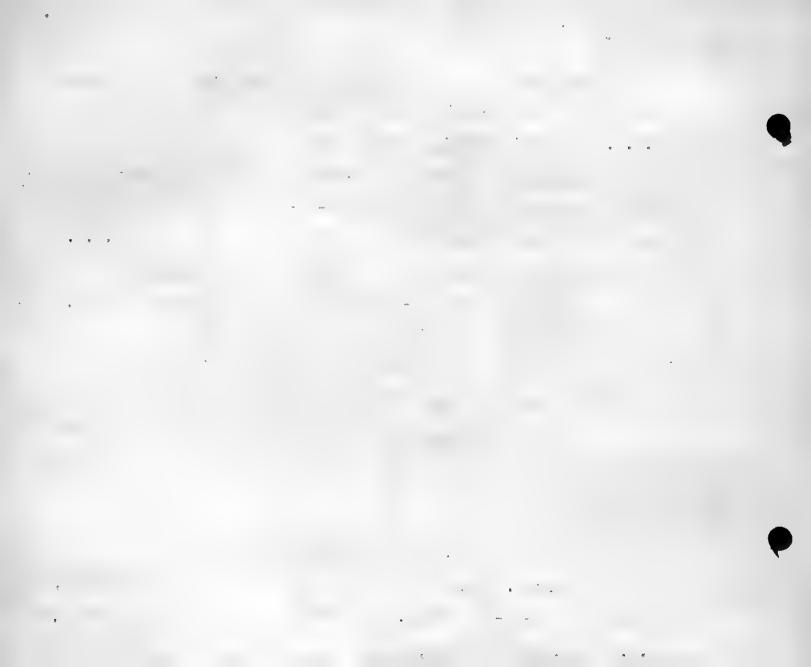


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 ロコストロ CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Frederick **b.** COUNTY larvland Frederick MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Knoxville Med in b e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Residence YES 🔲 NO 🔼 3. NAME OF First Middle Last 4. DATE Manth Doy Year DECEASED OF MUNDAY TO 196 KATPERINE ANNTE (Type ar print) DEATH S SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS 7. MARRIED **NEVER MARRIED** last birthaay) Months Hours WIDOWED 3F Female **DIVORCED** Cauc. 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a EISUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if refired)
Housewife COUNTRY PATZHONI Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth E. Holmes Charles H. Moss 17 INFORMANT Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war ar dates of service) Margaret Miller Knoxville Md. none crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit g PART I. DEATH WAS CAUSED BY: Uremia IMMEDIATE CAUSE (6) DUE TO Decompensated Congestive Heart Failure Conditions, if any, which gove days use to immediate couse (o). DUE TO stating the underlying cause as the TO FUNERAL DIRECTOR: After this certificate has been last. WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION of Health NO X Ę 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (Stote) TIME OF INJURY Manth, Day, Year Haur a.m. factory, street, office bldg., etc.) Not While of work ot work 21. I certify that (I) (this haspital) attended the deceased fram—saw the deceased glive on Oct. 25, 1967, and that 25 19 67 that (I) (we) last Oct. 18 19 67 to Oct. 3 shauld with the and that death accurred at 7710 M, from causes and an the date stated above. saw the deceased alive on 22b. DATE SIGNED 22n SIGNATURE Oct. 26,1967 director, page 3 should be filed v PHYS. 22d. ADDRESS Gum Spring Hollow 22c. PHYSICIAN'S Page 4 may NAME (Type) Brunswick. Maryland Byron Kao M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Store) 23o. BURIAL, CREMATION (County) REMOVAL (Specify) Reformed Cemetery Knoxville Maryland Burie! 250. RECT. BY REGISTRAP 967 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13889 HEALTH DEPT. 1. PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY a. STATE b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Carroll MARYI AND Maryland funeral may be C. LENGTH DF STAY IN 1b c. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) Departme Rural Mt Airv nr FrederickMinutes Rural Rt 40 e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS delay is and 3 to t Rt Frederick Memorial Hospt ND D YES 3. NAME OF Middle DATE Month Day Year Last DECEASED (Type or print) DEATH October 19 67 Edward Mvers James AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | DATE OF BIRTH 8. Pages WIDOWED ! DIVORCED . Ø. 10-25-1945 Male Negro WI and a 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. -Utilities Marvland General Garage any 13. FATHER'S NAME MOTHER'S MAIDEN NAME 24 hours in Item 18 5 Ella Josephine Snowden Leroy Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES File 17. INFORMANT Address 16. SOCIAL SECURITY NO. 9 (Yes, no, or unknwn) (If yes give war or dates of service) permit. removal, EXAMINER: This certificate should be executed within certificate, writing the word "pending" in pencil is Josephine Myers Rt 6 Fred. Co. Md عها والمحدود والرواد 213-46-0295 Mrs No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit 5 IMMEDIATE CAUSE (a) cremation, Conditions, If eny, which (b) gave rise to immediate DUE TO cause (a), stating 60 the certificate, writing the word should be forwarded to the Chief used as a to burial, underlying cause lest. (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTDPSY CERTIFICATION PERFORMED? ND [YES TY DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of Item 18.) 208. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 5 6 lant should ! cent, pri to a ocu 3 shoul agent, (State) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, I 2Df. (City or town) (County) factory, strept, office bldg., etc.) Not While at work at work 0-81967 1-LA/MINTON CTOR: Page designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion FUNERAL DIRECTOR: Health or its design Undetermined manner Suicide Homicide | death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER Page 4 for your 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MED! M.D. TYPE THE Address (Street, city, town, or county) Frederick, Md DEPUTY MEDICAL EXAMINER 4 director. retained **EXAMINER'S** NAME (Type) Robert Thomas 23c. NAME OF CEMETERY DR CREMATORY (State) BURIAL, CREMATION, 23b. DATE THEREOF REMDVAL (Specify) ö 0 Woodville Church 11e Fred 10-11-67 REC'D BY REGISTRAR Burial ADDRESS FUNERAL DIRECTOR VR ALSME (5) Hicks . 111 Frederick . Md 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3884 13889 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEATH o. COUNTYo. STATE b. COUNTY MARYLAND 24 haurs after C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) e IS RESIDENCE ON A FARM? d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) paged and YES NO Z The law requires that the death certificate be executed within 4. DATE NAME OF Middle Month Year LOST Dev Firs! the attending physician and campletely sit permit. Then please remave carbor OF DEATH DECEASED 19 6 (Type or print) burial, cremation, ar remaval, and in any event, AGE IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX In years 6. COLOR OR RACE 7 MARRIED "NEVER MARRIED lost bathdoy) Months Doys Hours WIDOWED DIVORCED 12 CITIZEN OF WHAT KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10a JSUAL OCCUPATION (Give kind of work done 106 COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes give wer or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line-for (a), (b), and (c). burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY: signed by IMMEDIATE CAUSE (o) be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gove rise to immediate couse (o), DUE TO far use as the t i Health priar ta b stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO YES 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) with the State Dept. 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work 21. I certify that (1) (this haspital) attended the deceased from Sep 24 1967, to Oct 27, 1967, that (1) (we) last 19 67, and that death accurred at 450PM, fram causes and on the date stated above. shauld sow the deceased alive on 22b. DATE SIGNED 220 SIGNATURE ATTENDING PHYS DIRECTOR PHYS director, page 3 shauld be filed v MD. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) 230 BURIAL, CREMATION, 23b. DATE THEREOF ADDRESS FUNERAL DIRECTOR 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13890 CERTIFICATE OF DEATH 24 haurs after death. 2. USUAL RESIDENCE (Where deceased fived, if institution, Residence before admission) PLACE OF DEATH a. COUNTY rederick MARYLAND E. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) r LENGTH OF STAY IN 15 Days Rural - Frederick Frederick papers. d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Route 1 YES NO IX Frederick Memorial Hospital burial, cremation, ar removal, and in any event, withilk requires that the death certificate be executed within 3. NAME OF Middle Lost 4 DATE Month Day Year DECEASED NUSBAUM 19 67 MAY (Type or print) ELLA DEATH OCT OBER IF UNDER 24 HRS. 9. AGE (In years IF UNDER 1 YEAR S SEX 6 COLOR OR RACE B DATE OF BIRTH 7 MARRIED NEVER MARRIED (gst birthday) Months Days Haurs March 16.1882 130 DIVORCED White WIDOWED Female 12 CHIZEN OF WHAT 100 ... S.(A) OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) during most of working life, even if refired)
Housewife COUNTRY? INDUSTRY Frederick County. Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown Zacharias Rippeon IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknown) (If yes give wor or dates of service) 16 SOCIAL SECURITY NO 17. INFORMANT Address 216 ll 6406 F2 Raymond L. Nusbaum (Same as item #2 IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO Cardio Vascular disease Conditions, if any which gove rise to immediate couse (a), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept. af Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO X 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form. (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED factory, street, office bldg , etc) Hour o.m. Not While 19 ot work at wark 21. I certify that (I) (this haspital) attended the deceased fram APR. 20, 1967, ta oct. 22, 1967, that (I) (we) last saw the deceased alive an oct. 22, 1967, and that death accurred at 1140PM, fram causes and an the date stated above director, page 3 shauld shauld be filed with the 22b. DATE SIGNED 220. SIGNATURE ATTENDING October 23, 1967 M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Frederick Medical Center Frederick L. Michels. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) Oct. 25. 1967 At. Carmel Cemetery Frederick. <u>Laryland</u> 250. REC'D BY REGISTRAR DATE OCT 25 25b. REGISTRAR S SIGNATURE M. ADDRESS To Keken 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 M. R. Etchison & Son, Frederick,







4 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND					
FOR STATE	SS88 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13893					
HEALTHIDERT.	1. PLACE OF OEATH a. COUNTY Frederick 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY b. COUNTY					
funeral nay be rrtment death.	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)					
- 10 L	writa RURAL and give nearest town) Brunswick Knoxville					
odelay in Page 5	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 403 S. Walnut Street d. STREET ADDRESS o. IS RESIDENCE ON A FARM2 YES NO					
	3. NAME OF DECEASED ARTHUR LEW Holde PORTER 4. DATE Month Day Year					
th. 15 a ges 1, form f owithin	OEATH TO TENTON OF THE TOTAL OF					
ive Period with with and event	10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	Find over -B&O Railroad Naryland U.S.A. 13. FAIRER'S NAME 14. MOTHER'S MALDEN NAME Hannah Numberger					
42 E G E E	15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) (If yes give war or dates of service) 705-I0-2782 Arthur Porter New York, N. Y.					
uted within in pencil i Examiner's saminer's sit permit.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (2) and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEULE ONSET AND OEATH ONSET AND OEATH					
uld be executed l "pending" in yf Medical Exar a burial-transit cremation, or	conditions, If any, which Over Couracy Redery Throubsis					
	gave rise to immediate cause (e), steting the underlying cause lest. OUE TO Christolical React Orsease					
the the used to bu						
ER. This certificate cate, writing the forwarded to the 3 should be used agent, prior to bu	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.					
INER: Thi lificate, The be forwa ge 3 sho ed agent	20c. TIME OF INJURY Month, Cey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While p.m. 19 at work the et work the et work to the e					
Page rate	21. I certify that I took charge of the remains described above, held an Autopsy , inspection , inquiry , and in my opinion					
into the control of t	death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner					
TY MEDIC execute Page 4 d for you RAL DIRE th or its	ACTUAL SIGNATURE AND LOCAL ASSISTANT MEDICAL EXAMINER OPENLY MEDICAL EXAMINER OPENLY MEDICAL EXAMINER OF TO A COLUMN ASSISTANT ASSISTANT MEDICAL EXAMINER OF TO A COLUMN ASSISTANT MEDICAL EXAMINER OF TO A COLUMN ASSISTANT ASSISTANT MEDICAL EXAMINER OF TO A COLUMN ASSISTANT ASSISTANT ASSISTANT ASSISTANT ASSISTANT ASSISTANT A					
O DEPUTY MEDICALLY please execute the condirector. Page 4 show retained for your files. O FUNERAL DIRECTOR: of Health or its design	EXAMINER'S Robert J. Thomas, II.D. Address (Street, city, town, or county)					
please directed for the please directed for the please of	23s. BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REPORTED TO 10/21/67 Reformed Cemetery Knoxville Naryland					
	24 FUNERAL OIRECTOR ADDRESS 252. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
VR ALSME (5)	Teste terres la Brunswick, Md. DATOCT 23 1967 Milanles Judge					



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13895 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. STATE b. COUNTY a. COUNTY Frederick Frederick MARYLAND CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) hours Thurmont Frederick weeks rural e. IS RESIDENCE ON A FARM? d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Fraderick Memorial Hospital Mountaindale YES 🗔 NO TH 4 DATE NAME OF First Year DECEASED October Elizabeth Rice Annie 19 (Type or pont) DEATH IF JNDER 1 YEAR AGE (In years IF UNDER 24 HRS 8 DATE OF BIRTH S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Haurs female WIDOWED DIVORCED April and in any white 12. CITIZEN OF WHAT 10g JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) COUNTRY? during most of working (te, even if retired) INDUSTRY Frederick Co: Md. Home 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, Frances Rhodenhoofer Bradley Grav 17 INFORMANT Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, ng. or unknown) (If yes give war or dates of service 211-118-351 Milton R. Rice Thurmont. Md. cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line foc.(e), (b), and (c)) ONSET AND DEATH burial-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause as the l O FUNERAL DIRECTOR: After this certificate has been priar to fast. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) etached for use Dept. af Health p NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or tawn) factory, street, office bldg., etc.) Hour a.m. Not While at wark at work 21. I certify that (I) (this hospital) attended the deceased fram. that (I) (we) last 1967, and that death accurred at 455M, from causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a, SIGNATURE ATTENDING M.D DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) directar, NAME OF CEMETERY OR CREMATORY 23d. (City or Town) (County) (State) 23b. DATE THEREOF 23a, BURIAL CREMATION Burlal (Specify) Co.Md. 1.0 - 2h - 67Lawistown Cametery Fred. stown 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) Thu ont. Md.



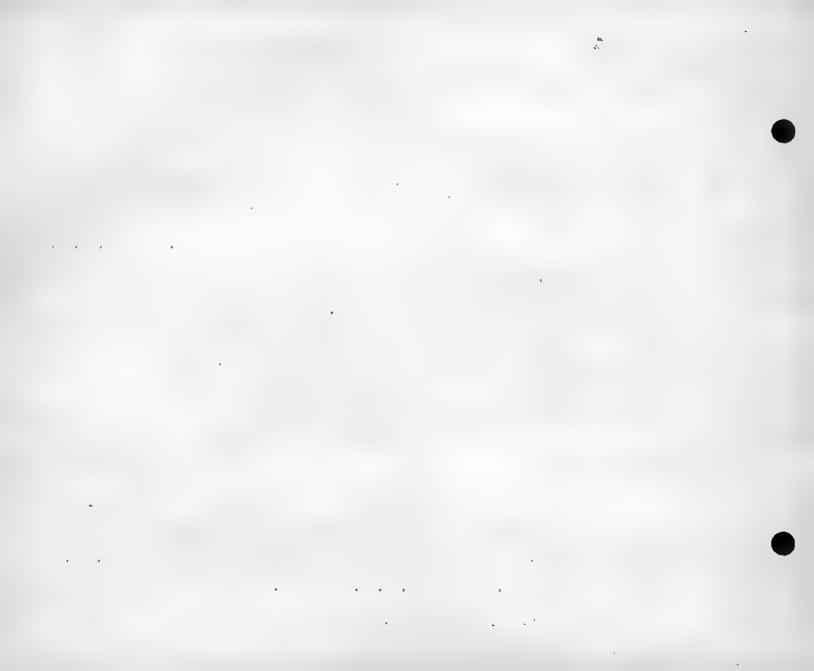
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13895 CERTIFICATE OF DEATH 13890 death. death 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH a. COUNTY rederick Frederick ofter MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If guitside corporate limits, write RURAL and give negrest town) requires that the death certificate be executed within 24 haurs Years Frederick Frederick 8. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS crematian, ar remaval, and in any event, within 72 522 Grant Place 522 Grant Place YES NO 50 3 NAME OF Fırst Middle 4 DATE Year attending physician was carban reamit. Then please remove carban with Lost Month Dov DECEASED Runkle Harrington October (Type or print) Bruce DEATH S. SEX AGE (In veors IF JNDER 1 YEAR IF LINDER 24 HRS A COLOR OR RACE B. DATE OF RIRTH 7. MARRIED X **NEVER MARRIED** lost birthdoy) Months Davs Hours Male White WIDOWED DIVORCED October 30. 12 CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) COUNTRY? U. S. A. during most of working life, even if retired) INDUSTRY Life Ins Co. Agent Danville. Pa. 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME Charles E. Runkle Dorothy Mumaw WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address signed by the attendir burial-transit permit. (Yes, no, or unknown) (If yes give wor or dotes of service) ors. Llva Runkle (Same as item # 2) INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per tipe for (a), (b), and (c) ONSET AND DEATH PART I DEATH WAS CAUSED BY-JEJUNUM HOENOC ARCINOMA OF IMMEDIATE CAUSE (a) _ DUE TO burial, Conditions, if any, which gave (b rise to immediate couse (a). DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending been as the prior to lost. 19. WAS AUTOPS)
PERFORMED? has h PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) far use FUNERAL DIRECTOR: After this certificate ha irectar, page 3 shauld be detached far use bauld be filed with the State Dept. af Health | NO TX 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (County) 20e. PLACE OF INJURY (Hame, farm, (City or fown) (State) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work at work 23, 1967 that (U) (we) lost 21. I certify that (1) (this haspital) attended the deceased from_ Sent. . 19 65, 10 director, page 3 shauld shauld be filed with the 19 67, and that death accurred at 1390 M, from couses and on the date stated above. 10/23 sow the deceased olive on. 22b DATE SIGNED 220. SIGNATURE **ATTENDING** X October 24, 196 PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Richard C. Reynolds, 80h Toll House Avenue, Frederick, Ad. 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 230 BURIAL, CREMATION 23b. DATE THEREOF REMOVAL (Specify) Lount Olivet Cemetery Frederick, maryland 2So REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE ADDRESS +adeles 24 FUNERAL DIRECTOR Liarviand DATE FI. R. Etchison & Son. Frederick



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MARKE. CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a countrederick h. COUNTY o. STATE Frederick MARYLAND Larvland b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)

Frederick LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Years Frederick e IS RESIDENCE d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? fille 355 West Patrick Street rsicion ond completely filled please remove carbon-eap West Patrick Street NO X burial, cremotion, or remavol, and in any event, withi 3. NAME OF Middle first Last 4. DATE Manth Day Year DECEASED F. SHANK 19 19 67 OCTOBER HARVEY (Type or print) DEATH IF UNDER 1 YEAR TIF UNDER 24 HRS S SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIED **NEVER MARRIED** last birthday) Months Hours DIVOR CED WIDOWED Dec. 2, 1903 Male 10a JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT Self Employed COUNTRY? during most of working life, even if retired) Frederick County, Md. Retired 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME Viola Killian Howard F. Shank 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, na or unknawn) (If yes give war ar dates of service) Mrs. Maude Shank (Same as item #2) INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or ottending physician. DHE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause **FUNERAL DIRECTOR:** After this certificate has been irector, page 3 should be detached for use as the director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to lost. 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES -NO X 20a. ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part II of item 18.) OR CONTR BUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Hame, form, (City or town) (State) 2Dd. INJURY OCCURRED (County) 20c. TIME OF INJURY Month. Day, Year factory, street, affice bldg , etc.) Hour a.m. Not While at work 1967, that (I) (we) last 1950, to. 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 1144 M, from causes and on the date stated above. saw the deceased alive an all 22a SIGNAJURE 22b. DATE SIGNED STAFF PHYS. ATTENDING 72 Oct. 20, 1967 M.D PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN NAME (Type) 228 N. Market St. Frederick. Ild. O. Thomas. sernard 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 230. BURIAL, CREMATION REMOVAL (Specify) Oct. 23. 1967 Mount Olivet Cemetery Frederick. darvland 0 25b. REGISTRAR'S SIGNATURE M ADDRESS Facilles 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Ochemiles Judge M. R. Etchison & Son, Frederick, Maryland DAM CT

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13892 13897 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) PLACE OF DEATH o. STATE o. COUNTY b. COUNTY Maryland Frederick Frederick MARYLAND b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) papers. Pages thin 72 hours aff write RURAL and give nearest town)
Frederick filled in by t Frederick vears e IS RESIDENC d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS ON A FARM? Frederick Memorial Hospital 86 E. South St. YES NO D Blanchost DATE nove carbon Nabel Doy NAME OF Middle, Year DECEASED 19 (Type or print) DEATH IF UNDER 1 YEAR 7. MARRIED 9. AGE (In years S SEX ost birthday) 6. COLOR OR RACE NEVER MARRIED Months Hours June 26-1908 WIDOWED DIVORCED and in an signed by the attending physician and burial-transit permit. Then please rem 12. CIT ZEN OF WHAT KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10h COUNTRY? during most of working life, even if retired) INDUSTRY U.S.A. Frederick Co. Md. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Annie E. McKenzie Rebert F. Wickham Address Frederick-Md. 16. SOCIAL SECURITY NO 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service Melvin Ellsworth Smith-86 E. South St. None No burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. ext Rend Calculi DUE TO Conditions, if any, which gove nse to immediate couse (a). DUE TO te has been s use as the b alth priar ta b stoting the underlying couse lost. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES IR NO TO FUNERAL DIRECTOR: After this certificate Б 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH shauld be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) with the State Dept. 20e. PLACE OF INJURY (Home, form, (County) (Stote) 20d INJURY OCCURRED (City or town) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour o.m. Not While of work of work 21. I certify that (I) (this haspital) attended the deceased from and that death occurred at 410 CM, from causes and an the date stated abave saw the deceased olive on. 226 DATE SIGNED 220. SIGNATU ATTENDING PHYS. STAFF PHYS. Oct. 3-1967 DIRECTOR directar, page 3 should be filed v 22d. **ADDRESS** PHYSICIAN'S NAME (Type) ROUCA reda 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION 23b. DATE THEREO! REMOVAL (Specify) Frederick, Md. Oct. 6-1967 21.701 Mt. Olivet_Cemeterv 25h. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Frederick, Ma.21701 250. REC'D BY REGISTRAR 1967 VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3293 CERTIFICATE OF DEATH 13899 The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits CLENGTH OF STAY IN 1h c CITY OR TOWN (If guiside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) d. NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM d. STREET ADDRESS YES AND 3 NAME OF 4 DATE Month Day Year DECEASED
(Type or print) OF and in any event, DEATH 5 SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last birthday) Months Days WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? physician House wife 13. FATHER'S NAME burral, crematian, or remaval, 14 MOTHER'S MAIDEN NAM attending phys permit. Then p 15. WAS DECLASED EVER IN U.S. ARMED FORCES? 17 INFORMAN 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war ar dates of service 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) NTERVAL-BETWEE PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave " rise to immediate cause (a). DUE TO stating the underlying cause as the last. 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(n) use NO DO Ь 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (State) (County) factory, street, affice bldg., etc.) Not While TO FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) ottended the deceased from July 1957, to Cock . S, 1967, that (1) (we) lost be retained 1967, and that death occurred at 11.00 M, fram causes and on the date stated above sow the deceased alive on Cette 2 22a SIGNATURE 22b. DATE SIGNED director, page 3 shauld be filed v MD DIRECTOR 22d._ADDRESS 22c. PHYSICIAN'S NAME (Type) 230. BURIAL, CREMATION 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City or Town (County) (State) REMOVAL (Specify) ᇴ 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Wal



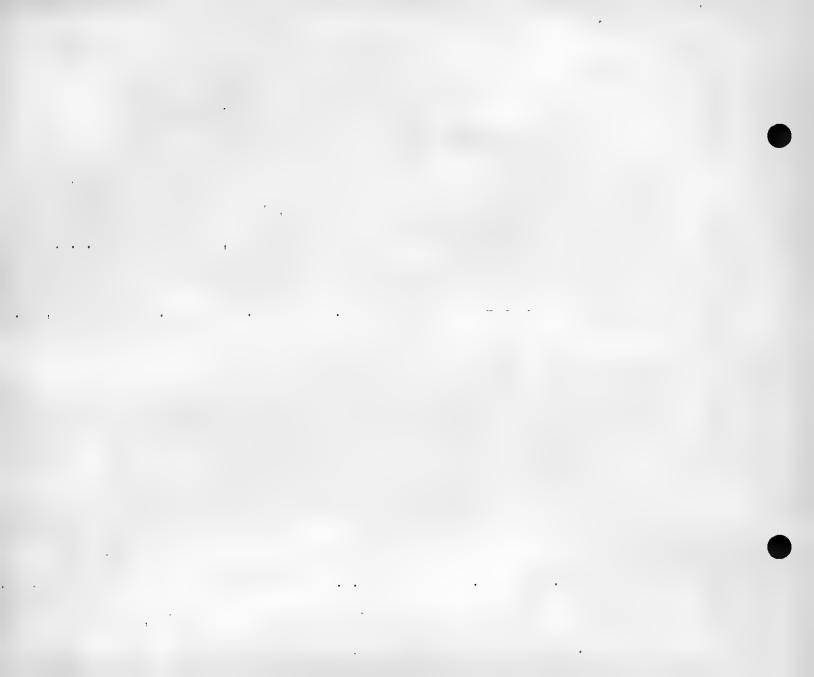
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13899 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY Frederick a. STATE b. COUNTY Frederick MARYLAND b CITY OR FOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RUMAL and quye negrest fown) Frederick days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 10 Watkins Acres Apts. Frederick Memorial Hospital NO TX NAME OF remove carban Lost DATE DECEASED OF DEATH STAAB IGSEPHINE burial, cremation, or removal, and in any event, OCTOBER 7 MARRIED 8. DATE OF BIRTH 9 AGE (n years last birthdoy) Aug. 27, 1916 White Female WIDOWED 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT North Bennington, Vermont 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Leonard Della Fitzgerald 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. ir. Frank A. Stabb Long Island, N.Y. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: FAILURE HEPATIC IMMEDIATE CAUSE (o). DUE TO CIRRHOSIS Conditions, if any, which gave LAENNEC'S rise to immediate couse (a), DUE TO stoting the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? ANURIA BROWLED PRIEUMONIA NO 20o ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part 11 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Month, Doy, Year ((tty or town) (County) foctory, street, office bldg, etc.) 22b DATE SIGNED 22o. SIGNATURE STAFF PHYS amoles M.D 22d ADDRESS NAME (Type) Dr. Richard C. Reynolds M.D. Toll House Avenue Frederick, Md. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d LOCATION (City or Town) 230 BURIAL, CREMATION (County) Burial Specify Westbury, New York Holy Rood Cemetery 11-2-1967 24. FUNERAL BIRRETOR E. Dalley & Son Frederick. Maryland DATE

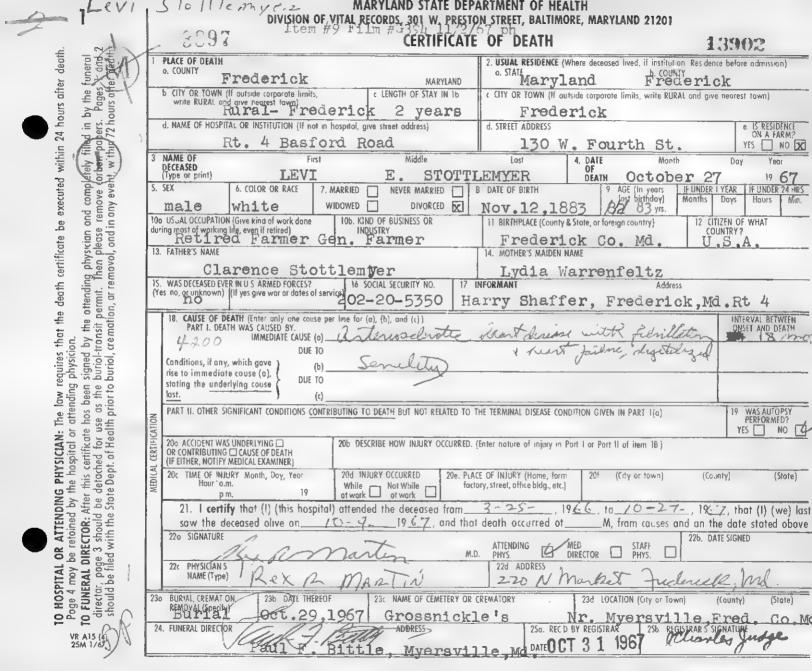


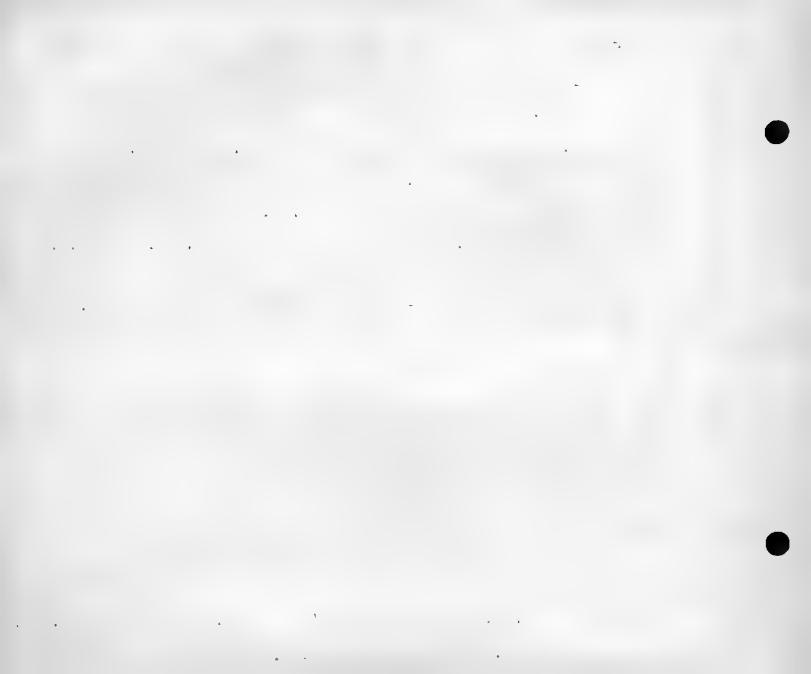
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3895 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) . PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Frederick Maryland Frederick MARYLAND burial-Itansii permit. Then please remove carbo<u>n papi</u>sis. Pages l burial, crematian, ar remaval, and in any event, within 72 hours after c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick Years Frederick A NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) A STREET ADDRESS campletely filled in ON A FARM? 246 East Sixth St. 2h6 East Sixth St. NO X Middle 4 DATE Month 3 NAME OF Last Dov Year DECEASED 15--- 19 67 Staley October Marion Joseph DEATH (Type or print) LYEAR IF JNDER 24 HRS. AGE (In years IF UNDER 8. DATE OF BIRTH S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months pirthdov) Dovs Hours Apr. 2- 1885 White Male WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done during most of working rife, even if retired)
Stock Clerk Lime Co. COUNTRY? U.S.A. Frederick Co. Md. 14. MOTHER'S MAIDEN NAME 13 FATHERS NAME Letha Zimmerman Lewis M. Staley IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address La. (Yes, no, or unknown) (If yes give wor or dates of service) signed by the attends burial-transit permit. 211-10-2850A Burton D. Staley-1025 N. Market St.-Frederick INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per lune for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUF TO Conditions, if any, which gave rise to immediate couse (o). DUF TO stoting the underlying cause **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar to PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/01 19. WAS AUTOPSY PERFORMED? CERTIFICATION YES NO XX 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) factory, street, office bldg., etc.) Hour o.m. Not While ot work 16115, 1967, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from. 1965, to. 19 (c.t., and that death accurred at 90 · M, fram causes and an the date stated above. saw the deceased alive an 220 SIGNATURE 22b DATE SIGNED ATTENDING PHYS MED DIRECTOR Oct. 16-1967 M.D. 22d ADDRESS 22c PHYSICIAN'S NAME (Type) Prof. Bldg.- Frederick, Md. 21701 Dr. James B. Thomas 23c NAME OF CEMFTERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 23b DATE THEREOF (County) 230 BURIAL CREMATION, REMOVAL (Specify) Mt. Olivet_Cemetery Frederick, Md. 21701 2Sb. REGISTRAR'S SIGNATURE Frederick, Md.21701 2So REC'D BY REGISTRAR Son Minuter Judge □AOCT 2.0 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13895 13901 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) . PLACE OF DEATH o. COUNTY Frederick o STATE b. COUNTY Maryland Frederick MARYLAND CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL prid plya peprest town) Frederick two weeks Rural uffed in popess hin 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCI d STREET ADDRESS ON A FARM? Frederick Memorial Hospital Route # 6 YES NO K and in any event, within NAME OF DECEASED (Type or print) 4. DATE Month Year First Last GRACE CATHERINE STANG October 31. 19 67 DEATH IF UNDER 1 YEAR IE LINDER 24 HRS 8 DATE OF BIRTH S. SEX 6. COLOR OR RACE 7 MARRIED AGE (In years **NEVER MARRIED** 4 last birthday) Hours July 12, 1924 White Female WIDOWED DIVORCED | 10a USUAL OCCUPATION (Give kind of work done during most of work in allife, even if refired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT MWIRE attending physician permit. Then please M Jefferson, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar removal, Roger Snoots Fannie Grace Pearl 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 219-12-0815 Mr. Russell C. Stang Rt.# 6 Frederick, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) INTERVAL BETWEEN ONSET AND DEATH burial-transit DUE TO Conditions, if any, which gave rise to immediate couse (a), DUF TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE. SE CONDITION GIVEN IN PART 1(0) NO 52 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (State) 20c. TIME OF INJURY Month, Doy, Year (County) Hour o.m. factory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased from 23 October, 1967, to 31 October, 1967, that (1) (we) last director, page 3 should should be filed with the saw the deceased alive an 31 october 1967, and that death accurred at 400A M, from causes and an the date stated above. -220. SIGNATURE 22b. DATE SIGNED MED DIRECTOR 10-31-1967 22d ADDRESS NAME (Type) Dr. Melvin E. Lea M.D. Frederick Meddcal Center Frederick, Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BUR AL, CREMAT ON, 23b. DATE THEREOF T1-2-1967 Mount Olivet Cemetery Frederick, Maryland 2Sb REG STRAR S SIGNATURE 24 SFUNERAL DIRECTO ADDRESS 2So. REC'D BY REGISTRAR Frederick, Marylandate







MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13963 3893 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH IISUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a COUNTY a. STATE Laryland Frederick Frederick MARYLAND b CITY OR TOWN (If outside carparate limits c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate I in its write RURAL and give nearest town) write RURAL and give nearest tawn) Deportm after Frederick Minutes Frederick d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENC ON A FARM? hours Frederick Memorial Hospital 1601 W. 7th. Street YES NO IX 3 NAME OF Middle 4 DATE Doy Year DECEASED withm STIP (Type or print) DEATH October 19 S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED birthdoy) Manths August 12, 1898 W DOWED DIVORCED event Jale White 100 LSLAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 1) BiRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during mast af warking lite, even if retired) COUNTRY? INDUSTRY ony Retired Farmer Adamstown. Maryland pencil 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME David T. Stup Hestor Thomas puo 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO **∆**ddress be executed (Yes, na, ar unknawn) (If yes give war ar dates af service) removal. Paul C. Stup, Koute l. Frederick. 18. CAUSE OF DEATH (Enter only one couse per lige for (o), (b), and, (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY ö IMMEDIATE CAUSE (a) This certificate should the word cremotion, DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying cause 0 writing ' burial, a 19 WAS AUTOPSY PERFORMED? PART I., OTHER SIGNIFICANT CONDITIONS CONTR.BUT.NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G.VEN IN PART 1(a) be NO EX 200 EXTERNAL CAUSE WAS 20b DESCR BE HOW NIJERY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) ogent, prior PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d NIJRY OCCURRED 20e, PLACE OF INJURY (Hame, form, (Ctv or tawn) (County) (State) Haur a m. factory, street, office bldg., etc.) While Not While nt work 🗀 designated Inspection 🔀 21 I certify that I took charge of the remains described above, held an Autopsy <u></u> Inquiry ond in my opinion the funeral director. death resulted from: Natural causes Accident Suicide Undetermined monner Homicide be retained CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER ... SIGNATURE O DEPUTY 5 may be 10 FUNERAL Health or i DEPUTY MEDICAL EXAMINER SX **EXAMINER'S** Robert Thomas, M.D. Address (Street, city, town, or county) NAME (Type 23c NAME OF CEMETERY OR CREMATORY 23d BUR AL, CREMATION, 23d LOCATION (City or Tawn) (Stote) Burial (Specify) 1967 Reformed Cemetery Church Hill Frederick. 250. REC D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15ME (5) L. R. Etchison & Son Frederick Harvi



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 139042 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission PLACE OF DEATH 20 o. COUNTY MARYLAND outside corporate limits C LENGTH OF STAY IN 16 outside corporate limits, write RURAL and give nearest town) 6 CITY OR FOWN CCITY OR TOWN (1) wate RURAL and give nearest town) PNYSICIAN: The law requires that the death certificate be executed within 24 haurs e IS RESIDENCE d STREET ADDRESS INSTITUTION (If not in hospital, give street oddress) ON A FARM? NO YES priar ta bunal, cremation, or removal, and in any event, with 3/ NAME OF Middle DATE Dov Year please remave carban the attending physician and campletely sit permit. Then please remaye carbar DECEASED 19 6. DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX B. DATE OF BIRTH MARRIED NEVER MARRIED lost birthday) Months Doys Hours WIDOWED* DIVORCED 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 B RTHPLACE (County & Stote, or foreign country) COUNTRYS during most of working life, even if retired) INDUSTRY 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Conditions, if ony, which gove nse to immediate couse (a), DUE TO stoting the underlying couse Page 4 may be retained by the hospital ar attending far use as the lost. WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) director, page 3 shauld be detached far use shauld be filed with the State Dept. of Health NO P YES 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, (City or lown) (Stote) 20d INJURY OCCURRED (County) TIME OF INJURY Month, Doy, Year Hour om. foctory, street, office bldg., etc.) Not While 19 OR ATTENDING of work at work _____, ta__ 10/28/6]_, 19____, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased fram_ 10/14/67 __. 19 and that death accurred at 2150 PM, from causes and on the date stated above. 10/28 saw the deceased alive an 22b. DATE SIGNED 220 SIGNATURE ATTENDING M.D. PHYS DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 23o BURIAL, CREMATION, (County) Bur 12 (Specify) Frederick 10-31-67 Frederick Mt. Olivet 25o 24 FUNERAL DIRECTOR VR A15 (4). 20 M 1/66 Salsmone Funeral Home Frederick, Md. DATE



-		Division of STATISTICAL RESEARCH AND RECORDS, 301	W. PRESTON STREET, B	ALTIMORE, MARYLAND	21201
- 0		S 00 CERTIFICATE	OF DEATH		13905
ottending physician. hos been signed by the attending physician and campletely filled in by the funeral and 2 and a the buriol-transit permit. Then please remove carbon papers. Pages Land 2 th prior to buriol, cremotion, or removal, and in any event, within 72 hours (file-dedth		LACE OF DEATH COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where of STATE Maryland	deceosed lived, if institution Ri b. COUNTY Freder	
Puger ours afte		CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town)		orporate limits, write RURAL on	
ending physician and campletery tilled in by the milesse remove carbon papers. Pag or removal, and in any event, within 72 hours	L	Frederick Years	Frederick		2
7 74		NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS		B IS RESIDENCE ON A FARM?
			628 Schley Ave		Doy Year
		EFFECEN YV 1.1.1.1.CUII /	thaorr U		Doy Year 6 19 67
	5	EX . 6. COLOR OR RACE 7. MARRIED . NEVER MARRIED . B.	DATE OF BIRTH	9. AGE (In years IF U	NDER I YEAR IF UNDER 24 HRS.
	_		arch 16 1893	74 yrs.	
	qn.	US_ALOCCUPATION (Give kind of work done gmost of working afe, even af retired) Retired Retired Tarmer	11 BIRTHPLACE (County & Stote		12 CIT ZEN OF WHAT COUNTRY? U.S.A
		Retired Farmer FATHER S NAME	Hyattstown, 1. 14. MOTHER'S MAIDEN NAME	aryland	U.D.A
		William Nathan Thompson	Gertrude Pr	ice	
	15 (¥e	WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO 17. IN	FORMANT	Address	
		No 215 38 5315 James	. Helen Thomps	on(Same as it	em #2)
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	lum bosis		ONSET AND DEATH
		473X DUE TO		,	
		rise to immediate couse (a)	The heart	discure	Tyun
		stoting the underlying couse DUE TO	whomsarke	Distant	1000mm
		PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TH			19. WAS AUTOPSY
).	ATIO	Drebite, Mr.	ellitus		PERFORMED? YES NO
	CERTIFICATION	206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Enter noture of injury in Port I (or Port II of item 1B.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 20d INJURY OCCURRED While Not While focto	E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City or town)	(County) (State)
		21. I certify that (I) (this haspital) attended the deceased fram	MT (4, 196)	c, 10 0 1 6	19 <u>4</u> that (I) (we) la
		saw the deceased alive an OUT 6 1967, and that 220. SIGNATURE	death accurred at 341		an the date stated above 2b. DATE SIGNED
		There as a Lane MD	ATTENDING MED.	- STAFF	10-6-67
1		22c. PHYSICIAN'S Thomas ITO NEM. D	• 22d. ADDRESS For		20
	230	BURIAL CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR C		d. LOCATION (City or Town)	(County) (State)
	L			rederick, Mar	yland ARS SIGNATURE
	2"	M. R. Etchison & Son. Frederick, Mar	Wand DATE OCT	9 1987 /	iantes Judge

MARYLAND STATE DEPARTMENT OF HEALTH



1		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 3D1 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13906
HEALTH ALEPT.	1.	A AMERICAN ACTION OF THE PROPERTY AND A COURSE OF THE PROPERTY ACTION OF THE PROPERTY ACTIO
		a. COUNTY Frederick MARYLAND a. STATE Maryland b. COUNTY Frederick
essary, funeral may be artment		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Froderick rural Thurmonit //
cessa he fune 5 may epartm epartm ter dea		
± € €		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Route 70S Walnut St.
State hours	-	TES 100 EX
[w 2 2 co	3.	DECEASED
五元 五三 五三	5.	(Type of print) Clarence William Wastler DEATH Octobr 23 19 67 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (in years FUNDER IYEAR FUNDER 24 HRS. 1 1 1 1 1 1 1 1 1 2 3 4 1 2 3 4 1 3 4 4 1 4 5 7 5 7 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (in years FUNDER IYEAR FUNDER 24 HRS. 1 1 1 1 1 1 1 1 1
Pages 1.2 th form Pages 1.2 th form Page 1.2 nd 2 with		mal white wildowed 01vorceo 1-25-1939 28 yrs. Months Days Hours Min.
ith and ent	10	a. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR ring most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
after d Give ong wif es 1 an		Computer Oper/ N.I.H. Haryland USA
	13	FATHER'S NAME
24 hours n Item 18 Office al File pag , and in		Clarence J. Wastler Ruth V. Powell
n 24 In H S Off	Ιά	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address es, no, or unknown) (lifyes give war or dates of service)
within 2 pencil in miner's 0 permit. I		Yus Pagetime 214-36-0712 Frances E. Wastler Thurmont, Md.
uted within " in pencil lik Examiner's sit permit.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART J. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) ACUTE CONGESTIVE HEART FAILURE
	1	1/64
the execution where the state of the state o		Conditions, if eny, which DUE TO FRACTURED SKULL
The Med Med Med Med Med Med Med Med Med Me		gave rise to immediate cause (a), stating the DUE TO
should word " Chief as a b	П	underlying couse last. (c)
	NOL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
the the tree to be	CERTIFICATION	YES NO 🔀
certification ded to prior	IË	208. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 206. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Port 1 or Part 11 of Item 18.) TO LAUSE OF DEATH.
This c writerard should ent, p		CAUSE OF DEATH. TRUCK - CAR COLLISION 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
**************************************	MEDICAL	factory, street, office bidg., etc.)
#E 0 0.4	M	
EXAMINE CERTIFICATION OF PAGE SIGNATE		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes,, Accident DC, Suicide, Homicide, Undetermined manner
the the CTO		CHIEF MEDICAL EXAMINER
MEDICA ecute to Page 4 or your DIREC or its d		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER (22. DATE SIGNED
TY ME executed the control of the co		DEPUTY MEDICAL EXAMINER (19/23/17
o DEPUTY MEDICAL EXX please execute the codirector. Page 4 shour files or FUNERAL DIRECTOR.		NAME (Type) 10001 0 11101100 Address (Street, city, town, or county)
D DEPUT please e director. retained D FUNER of Healtl	23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
5 2 2 5 2	2	Buri 1 10-25-67 blue Ridge Cemetary Thur tont Fred. Co. Ad.
VR AISME ASI	1	Raymond E. Creaker
5M 1165	1#	ay monte (cuages Thurmont, Md. Md. 25 1961) xumas july



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 139412 CERTIFICATE OF DEATH 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) Frederick o. COUNTY District of Columbia MARYLAND b CITY OR TOWN (If outside corporate timits, write RuRAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) yrs. 4 mo Braddock Heights d NAME OF HOSPITAL OR NST TUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RES DENCE ON A FARM? irectar, page 3 should be detached far use as the burial-transit permit. Then please remove carban paper agould be filed with the State Dept. of Health prior ta burial, cremation, ar removal, and in any event, within 72 Vindobona Nursing Home, Inc. 2150 Pennsylvania Ave. N.W 3. NAME OF First Last Year DECEASED Emma Marguerite Watson October 8 1967 requires that the death certificate be executed S SEX 6 COLOR OR RACE DATE OF BIRTH AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED rindoy) Female White June 25, 1881 WIDOWED DIVORCED attending physician and permit. Then please rem 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State or foreign country) America Federal Gov. during the sternographer California 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Eugene H. Watson Mary J. Arnold IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Vindobona. 16. SOCIAL SECURITY NO Inc. Marion Comer. Braddock Hts. Md. -56-5955 INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY. sollen IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter hoture of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or tawn) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While 19 of work 21. I certify that (I) (this haspital) attended the deceased from 21, 1967, to 078, 1967, that (I) (we) last saw the deceased alive an 0 4 1967, and that death accurred at 7 M, fram causes and on the date stated above. 22a. SIGNATURE 22b DATE SIGNED ATTENDING M.D. PHYS DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 230. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Cremottony) 10/10/67 Washington, D. C. Ft. Lincoln Crematory ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Md. 21701 20 M 1/66

14-10		h:	of CTATIC	TICAL DECE	MARYLAND STA	ATE DEI	PARTMENT OF H	EALTH	ADVI AND GLOC	.1
A.		الا	VISION OF SIGNIS	Item 1	6 Film 339	7 7	OF DEATH	EET, BALTIMORE, M	AKTLAND 2120	13908
E SE		0 0 17 17			CERTIF	TCATE				
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ifter e fu es l	\vdash		outside corporate limit		E. LENGTH OF STAY	YLAND IN 16		Larru utside corporate limits, wi		
24 haurs after death and in by the funeral pars. Pages I and 22 hours after death		write RuRA	GO TOTAL KOME)		2 ½ Wee	ks	Fred	erick	, o noang one g , i	1 1
n 24 h			or institution (if no derick Men				d. STREET ADDRESS 223	West South	Street	e. IS RESIDENCE ON A FARM? YES NO X
law requires that the death certificate be executed within ading physician. been signed by the attending physician and completely fillers the burial transit permit. Then please remave carbon paint to burial, crematian, ar remaval, and in any event, withhigh		NAME OF DECEASED (Type or print)	CHARLES	st ED	WARD Middle		ITTER, SR.	DEATH		Doy Year 19 67
oe executed wi and completely remave carbo	S.	Male	6 COLOR OR RACE White	7 MARRIED WIDOWED	NEVER MARRIE		DATE OF BIRTH	9 AGE (In ye 62 births	eors IF UNDER 1 Y lay) Months C	YEAR IF UNDER 24 HRS. Doys Hours Min
ate be exection and colores remain any	dan	usual Occupation (c ng most of working life Watchman	Give kind of work done e, even if retired)	10b K	IND OF BUSINESS OR NDUSTRY None			& Stote or foreign country k County. M	12 (17)2	ZEN OF WHAT
ertificate bu physician c nen please iaval, and ii	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME		
certi g ph Then mavi			sper Whitt	•				therine Sop		
he death certif attending phy permit. Then ian, ar remava	15 (Ye	WAS DECEASED EVER I	N E S ARMED FORCES? yes give wor or dotes o	f service)	800191 4ECITALIST NO.		NFORMANT		Address	
afte after permian,	H	19 CAUSE DE DEAT	TH (Enter only one cou	Se per line for	(a) (b) and (c)	MILES	s. Aubrey D	uvall Mt.	Alry, Mar	
that the d an. by the att transit per crematian,		PART I, DEATH	WAS CAUSED BY: IMMEDIATE CAUSE		Lite X: X'A:	11 4	Klin .	exite,		INTERVAL BETWEEN ONSET AND DEATH
s that ician. d by I trans I, crem		ě	DUE			1	1			11/2
equires physic signed burial burial,		Conditions of only, we use to immediate	fol asing	(b)	Klind B.	- 40	· ·	1 1		Herrys
e law re tending as been as the priar to t		stoting the underly	ing couse DUE	(1)	While	pel	Indian-	expline.	1.07	Yerr-
e te se pd	Z.	PART II. OTHER SIGN	IFICANT CONDITIONS C		TO DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART I	(0)	WAS AUTOPSY PERFORMED?
	CATIO					<i>V</i>	U	<i>y</i>		YES NO EX
PHYSICIAN: ne haspital ar this certificate efached far ur Dept, of Health	MEDICAL CERTIFICATION	OR CONTRIBUTING (IF EITHER, NOTIFY MI	CAUSE OF DEATH EDICAL EXAMINER)					Port I or Port II of item		
O HOSPITAL OR ATTENDING PHYSICIA Page 4 may be retained by the haspital O FUNERAL DIRECTOR: After this certifica director, page 3 should be detached fa	MEDICA	20c. TIME OF INJURY Hour o.m. p.m.	Y Month, Doy, Yeor	20d, I While			E OF INJURY (Home, formary, street, office bldg., etc.		wn) (Coun	ty) (State)
Apino d by t After d be d e Stati			1 / 1		ded the deceased	from	11/5-		7 , 18	🔀 that (I) (we) las
TOR Hould the the		220 SIGNATURE	eased alive an	<u> </u>	1945,	and that	death accurred at	Fin AM, from co	uses and on the	date stated obove
OR ATTENDING De retained by the IIRECTOR: After it e 3 should be ded with the State		1/2/7	(-+ # TI	In	187	M.D	ATTENDING N	MED STAFF DIRECTOR PHYS	□ 10-9	-1967
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		22r PHYSICIAN'S NAME (Type)	Dw Tomos	D mt.	2 2 2	M D	22d ADDRESS 228 N. M.	arket Stree		ick Ma
A rr NER. Itar,	99-	. BURIAL, CREMATION,		B. Th	T 23c. NAME OF CEM	M.D.		23d. LOCATION (City		
ro Hospitat Page 4 may ro Funerat director, pag	230	Bullal (Specify)	10-11-1				Cemetery		k. Maryla	ounty) (Stote)
VR A15 (4)	24	EUNERA DIRECTOR	Single	13/	ADDRESS		2So. REC	D BY REGISTRAR 2	Sb. REGISTRAR'S SIG	NATURE
20 M 1/66	1	Robert E.	Dayley &	Son '	Frederic	k, Ma	arylandoate []	CT 1 3 1967	geliarl	in Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 3903 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH b. COUNTY a. COUNTY Howard Maryland Frederick MARYLAND b CITY OR TOWN (if autside corporate limits, C LENGTH OF STAY IN 16 CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) weithin-24 hours Rural-Florence in by e IS RESIDENC d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM2 RFD # 2. Woodbine Frederick Mem. Hospital NO. bd Middle DATE Doy NAME OF Year DECEASED 19601 DEATH Type or print) Uriol, crematian, or removol, and in any event, please remove car requires that the death certificate be executed IF UNDER I YEAR IF JINDER 24 HRS. 9. AGE (In years S SEX 6 COLOR OR RACE NEVER MARRIED 7 MARRIED last birthday) Months Hours DIVORCED WIDOWED June 17,1914 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (G've kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY ottending physician permit. Then please Health Service Bloomfield. N.J. USA Administrator Public. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Emilie Borshuk Roman Wojcik IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. permit. (Yes, ng, or unknown) (If yes give war ar dates of service 136-01-9082 Mrs Ruth Wojcik. Item 2 No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) INTERVAL BETWEEN signed by the buriol-transit p ONSET AND DEATH Page 4 may be retained by the hospital or ottending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse FUNERAL DIRECTOR: After this certificate hos been , page 3 should be detached for use as the be filed with the Stote Dept. of Health prior to 19. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) AEDICAL CERTIFICATION 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office blda., etc.) Hour o.m. Not While at work at wark 1967, to 15 0,000, 1967, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from 15 Uct 1967, and that death accurred at 1030M, fram causes and an the date stated above. saw the deceased alive an 15 Oct 22a SEGMATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. M.D. PHYS DIRECTOR 22d ADDRESS 22C PHYSICIAN'S NAME (Type) 0 director, 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) 23o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial St. Michael's Poplar Springs 9 2Sq. REC'D BY REGISTRAR 2Sb. 24. FUNERAL DIRECTOR Ocherela Olin L. Molesworth, Damascus, Md. 20 M 1/68



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	13905 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13910
HEALTH DEPT?	1. PLACE OF DEATH a. COUNTY Frederick MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE Ohio b. COUNTY Muskingmum
essary, inneral nay be trent death.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
ma ma	Frederick-Rural Minutes Zanesville 7
any delay is incessary, 2, and 3 to the funeral PM3. Page 5 may be h the State Department n 72 hours after death.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Interstate #70 - 2 Miles South of Fred*k 550 Longview Ave. a. IS RESIDENCE DN A FARM? YES \(\subseteq \) NO \(\subseteq \)
my del ma. ma. the \$	3. NAME OF First Middle Last 4. DATE Month Day Year OF
any 2, a PM3 h the	(Type or print) VERNON E. WOOD, JR. DEATH October 23, 1967 5. SEX 6. CDLDR OR RACE 7. MARRIED 1. NEVER MARRIED 18. DATE OF BIRTH 9. AGE (in years FUNDER 1 YEAR FUNDER 24 HR.
24 hours after death. If an Item 18. Give Pages 1. 2 Office along with form PFIIE pages i and 2 with and in any event within	Male White WIDOWED DIVORCED 13 NOV 1944 last birthday) Months Days Hours Min.
fter dea Give Pa ig with i and y event	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
s afte 18. Gi along ges i i any	Employee Restaurant Ohio U.S. 13. FATHER'S NAME
4 hours affitem 18. (fitee along fitee along fitee pages and in any	Vernon E. Wood, Sr. Jean Hogan
74 ho The and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	(Yes, no, or unknown) (If yes give war or dates of service) Unk Mrs. Jean H. Wood (Same as item #2)
uted within 24 hor "in pencil in Item Examiner's Office hsit permit. File p	18. CAUSE OF DEATH [Enter only one cause (Der line for (a), (b)) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ON CAUSE OF DEATH Enter only one cause (Der line for (a), (b)) and (c).]
lid be executed "pending" in "pending" in f Medical Exan to burial-transit I cremation, or it	DUE TO DA 1 00 St. 00
be e pend Media urial	Gonditions, if any, which gove rise to Immadiate cause (a) stating that DUE TO
ould inef	underlying cause last. (c)
the word the word the Chiel used as a to burial,	
This certifing or writing or warded to should be sent, prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
83 ±25	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or Jown) (County) (State) Hour e.m. 10-22 1967 while at work at work at work at work at work at work at work.
AMIII de la	21. I certify that I took charge of the remains described above, held an Autopsy Inspection, Inquiry, and In my opinion
REDIGAL EXAMINE cute the certific age 4 should be r your files. DIRECTOR: Page or its designated or its designated	death resulted from: Natural causes , Accident Suicide , Homicide , Undetermined manner
S S S S S S S S S S S S S S S S S S S	ACTUAL CHIEF MEDICAL EXAMINER 22. DATE SIGNED
Execute execute Page d for your RAL DIRE th or its	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEP
DEPUTY MED lease execute irector. Page etained for yo FUNERAL DIR	EXAMINER'S Robert J. Thomas, M. D. Address (Street, city, town, or county)
	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) (State) BUTIAL (Specify) October 26 Memorial Park Zanesville. Ohio
5 20 50	Burial Specify October 26 Memorial Park Zanesville, Ohio 24. FUNERAL DURECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR AISME (5)	M. R. Etchison & Son Frederick, Md. 21701 DATE OCT 2 5 1967 Policy Judge.
5M 1/65	We we promise a point Lienciire with START Dale and a local and

Frederick

Male White

Vernon F. wood, Sr.

Employee

Burial

Prederick-Kural

Minutes.

Restaurant

Zanesville

Interstate #70 - 2 Hiles South of Fredik 550 Longview Ave.

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Setones 23,

WINDL, J.R.

13 Nov 1944 22

Ohio 11. 50

Jean Hogan

and the state of the state of the state of

00.42 1 ---

Mrs. Jean H. Wood (Same as item #2)

Robert J. Thomas, M. D.

October 26 Memorial Park

M. R. Etchison & Son, Frederick, Ma. 21701

Zanesville, Ohio

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13911 death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. STATE b. COUNTY o. COUNTY Maryland Frederick Frederick MARYLAND after b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)
Frederick c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) E. LENGTH OF STAY IN 16 requires that the death certificate be executed within 24 hours Frederick vears e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) filled in N. Bentz St. DOA at Frederick Mem. Hospital YES NO TE nt withi 4. DATE 3. NAME OF Lost Manth Dov Year campletely DECEASED October 1--- 19 67 Harry Wymer A. DEATH (Type or print) IF UNDER I YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 92 AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5 ost birthdoy) ar removal, and in any ev Manths Apr. 21-1913 Male White DIVORCED WIDOWED and JOB, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Industrial Fireman INDUSTRY physician Stark Ce. Ohio U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Hazel R. Wymer Auday - living Charles Wymer- deceased Address IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknawn) (If ves, give war or dates af service) 296-01-9839 Mrs. Daisy Pauline Sier Wymer- Same as 2abcd burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO Canditians, if any, which gave rise to immediate couse (a), DUF TO stating the underlying cause director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior to FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO TO YES 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Day, Year Nat While factory, street, affice bldg., etc.) et wark 1967, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram_H/10 , 1965, ta 5 1967, and that death accurred at D. M. fram causes and on the date stated above. saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** MED. DIRECTOR STAFF PHYS. Oct . 2-1967 M.D. PHYS. 22d. ADDRESS 226 PHYSICIAN'S NAME (Type) Pref. Bldg .- Frederick, Md. 21701 James B. Thomas director, 23d. LOCATION (City or Town) (State) 23c. NAME OF CEMETERY OR CREMATORY (County) 23g. BURIAL CREMATION, 23h DATE THEREOF Frederick, Md. 21701 Burial (Specify) Mt. Olivet Cemetery 0 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Frederick, Md.21701 Orliantes VR A15 (4) 20 M 1/66

